



UNIVERSITY  
of ST. THOMAS  
MINNESOTA

# Federal Loan Request Form

Name (please print) \_\_\_\_\_

UST ID: \_\_\_\_\_

I have completed the Free Application for Federal Student Aid (FAFSA) and request that the Office of Student Financial Services process Federal Loan(s) for me as listed.

Federal Subsidized Stafford Loan	\$ _____
Federal Unsubsidized Stafford Loan	\$ _____
Federal Graduate PLUS Loan	\$ _____

I understand that unless otherwise indicated, this loan will be processed for my entire academic year period and disbursed in equal payments throughout that period.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Office Use Only:</b>	
Loan Period:	
<input type="checkbox"/> Fall only	Notes: _____ _____ _____ _____
<input type="checkbox"/> Spring only	
<input type="checkbox"/> Summer only	
<input type="checkbox"/> Fall/Spring	
<input type="checkbox"/> Fall/Spring/Summer	
Date Completed: _____	Operators Initials: _____

Return this form to:

University of St. Thomas  
Office of Student Financial Services, FOL 100  
2115 Summit Ave  
St. Paul, MN 55105  
Phone: 651-962-6550  
Fax: 651-962-6599