Federal Direct Student Loan (FDSL) Request

Complete this form to request subsidized or unsubsidized student loan not already part of your financial aid. For more detailed student loan information please review on our website: https://www.mtholyoke.edu/sfs/resources/student_loans.

Note: The unsubsidized loan is not based on financial need. The federal government charges you interest from the time the loan is paid out to you until you pay the loan in full.

STUDENT INFORMATION
Name ___________________________________________         MHC ID # ______________________________

LOAN INFORMATION
Loan Type:  
☐ Subsidized Loan  
☐ Unsubsidized Loan  
☐ Both—maximize all eligibility

Loan Amount Requested $____________________

There is a 1.072% origination fee, deducted automatically, from the amount borrowed. (The fee amount is subject to change.) For a full academic year, the net amount of the FDSL is divided in half with one half credited in late August and one half in late January.

ANNUAL LOAN LIMITS

<table>
<thead>
<tr>
<th>Academic Level</th>
<th>All Students Total sub/unsubsidized</th>
<th>All Students Additional unsubsidized</th>
<th>Independent Students Additional unsubsidized*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Year</td>
<td>$3,500</td>
<td>$2,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>2nd Year</td>
<td>$4,500</td>
<td>$2,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>3rd Year</td>
<td>$5,500</td>
<td>$2,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>4th Year</td>
<td>$5,500</td>
<td>$2,000</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

*Independent students and students whose parents have been denied a Federal PLUS Loan are eligible for additional unsubsidized student loan.

Before borrowing, carefully consider what your total debt and repayment amount will be upon leaving school. Tools for understanding your federal loan repayment options are available at: https://studentloans.gov.

CERTIFICATION
I request that Mount Holyoke College process the Federal Direct Student Loan for the amount noted above.

Student Signature ___________________________________________ Date ______________________

INTERNAL USE ONLY
☐ Approved for requested amount  initials: ______________________ Date: ______________________
☐ Approved for a reduced amount based on COA  initials: ______________________ Date: ______________________
☐ Email Notification Sent  initials: ______________________ Date: ______________________