

ACOM Office of Financial Aid

Loan Request Form



Requests

If you declined some portion of the Direct Loan funds which were listed on your award notice, and you now wish to request those funds, please complete the sections below. The total loan amount approved will be disbursed in two or more equal installments according to your enrollment period(s). Loans may be reduced due to student eligibility, loan limits, COA limits, and/or other factors. Some requests cannot be accommodated.

Requested Disbursement Amount(s)

Term(s) / Year(s)	<u>FA / 2020</u>	<u>SP / 2021</u>
Requested Direct Unsubsidized Loan Amount:	\$ _____	\$ _____
Requested Direct PLUS Loan Amount:	\$ _____	\$ _____

Signature

By signing, I agree to the following:

- I understand that all loans must be disbursed in two equal installments. If I request funding for more than one term, I will receive at least one disbursement per term. If I request loan funds for only one term, the second disbursement will not be issued until after the calendar midpoint of the term.
- I understand that submission of this form constitutes a loan request and that no guarantee is made that my request will be approved. I understand that in order to receive Direct Loan funding, I must meet all applicable eligibility requirements.
- I consent to the U.S. Department of Education (DOE) and its agents obtaining my credit record and using the information from that report in determining whether or not to approve my request for a Direct PLUS loan. *Applies to PLUS loan borrowers only.

Name _____ ACOM ID # _____

Signature _____ Date _____

INTERNAL USE ONLY				
Loan Period	Fall/Spring <input type="checkbox"/>	Fall Only <input type="checkbox"/>	Spring Only <input type="checkbox"/>	
Loan Period COA		AY COA		Approved <input type="checkbox"/>
Loan Period EFA		AY EFA		Denied <input type="checkbox"/>
Loan Period Need (COA – EFA)		AY Need		Processed By: _____
				Reviewed By: _____

Using your ACOM email account, email the completed and signed form to financialaid@acom.edu. **Incomplete documents will not be processed.**

Certification of Expected Enrollment 2020-2021



Enrollment Patterns: A student's enrollment pattern may be classified as either Standard or Modified.

- Standard enrollment patterns by OMS level for typical, on-track D.O. students are shown in rows A-D in the table below.
- Enrollment patterns not matching one of the four standard options are classified as Modified. An individual may have a Modified enrollment pattern due to a number of factors such as his/her being required to repeat coursework, taking a leave of absence, postponing enrollment in OMS III or OMS IV coursework due to the delayed attainment of passing board scores, or enrolling in clinical courses with start/end dates that do not conform to the standard two or four week modules.
- For the purpose of determining the number of months of enrollment in each term, four weeks is equivalent to one month. For each term, # Months Enrolled = # Weeks Enrolled ÷ 4, rounded to the nearest whole number.

Instructions:

1) Review the following table. In the first column, circle the letter which corresponds to your expected enrollment pattern. If you select Modified, enter the details of your expected enrollment pattern in Row E.

Expected 20/21 Academic Year Enrollment Pattern Number of Months Enrolled Per Term by Class Level						<u>Internal Use Only</u>
Options (Circle One)	Pattern Type	OMS Level	Curriculum Type	Fall Term	Spring Term	Registrar or Clinical Sciences rep., review and enter initials below to validate student's report.
A.	Standard	OMS I	Preclinical	5	5	<input type="checkbox"/> Initial Report <input type="checkbox"/> Revised Report
B.	Standard	OMS II	Preclinical	5	5	
C.	Standard	OMS III	Clinical	5	6	
D.	Standard	OMS IV	Clinical	6	4	
E.	Modified	_____	_____	_____	_____	

2) If you selected Modified, indicate the primary reason.

(Circle One) LOA Repeat Coursework Delayed Boards Other _____

By signing, I certify that I have read and agree to the following:

I have read and understand all information on this form. All information provided on and/or with this form is true, complete, and correct to the best of my knowledge. Immediately upon determining that any of the information I have reported on this form has changed or is likely to change, I will notify the Office of Financial Aid by completing and submitting an additional Certification of Expected Enrollment Form.

Name _____ ACOM ID # _____

Signature _____ Date _____

Signature Must be Handwritten in Ink

Using your ACOM email account, submit your completed and signed form to financialaid@acom.edu.