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. Loan amounts requested 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)	**FA / 20__**	**SP / 20__**
Requested Gross Direct Unsubsidized Loan Amount:	**$_____**	**$_____**
Requested Gross Direct PLUS Loan Amount:	**$_____**	**$_____**

Signature

By signing, I agree to the following:

• I understand that Direct Unsubsidized and Direct Grad PLUS Loans are subject to loan fees and interest in accordance with the terms of my Master Promissory Note(s). I have reviewed the applicable loan fees and interest rates at https://studentaid.gov/, and I understand that the gross amount(s) requested above will be reduced by the amount of the loan fee(s) prior to disbursement.

• 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 ☐ Fall Only ☐ Spring Only ☐			
Loan Period COA		AY COA		Approved ☐
Loan Period EFA		AY EFA		Denied ☐
Loan Period Need (COA – EFA)		AY Need		Processed By: _____ Reviewed By: _____

Forms may be submitted in person or mailed to the Office of Financial Aid, Alabama College of Osteopathic Medicine, 445 Health Sciences Blvd, Dothan, AL 36303, or emailed to financialaid@acom.edu from your ACOM email address. **Incomplete documents will not be processed.**