



2021 SUMMER Direct Loan Request Form

NAME: _____ NSHE #: _____

Your total financial aid may not exceed your Cost of Attendance (COA). Your COA consist of Tuition and Fees, Books, Room & Board, Travel, and Personal expenses. The number of weeks you are in classes will affect your COA. You must be enrolled in at least six (6) credits required for your program to receive a Direct Loan.

Financial Aid will apply grant and scholarship aid you are eligible to receive before assessing your eligibility for loans, and will offer you the maximum Federal Direct Subsidized Loan you are eligible for before offering Federal Direct Unsubsidized Loan.

How much do you want to borrow? (Select one box only*):

- I only want to borrow \$ _____
Maximum Subsidized Loan Only
Maximum Subsidized and Unsubsidized Loans

*If you provide multiple response, Financial Aid will process the lesser requested amount.

During the campus closure, students can submit notarized loan request forms by mail or email to loaninfo@csn.edu. Students must also submit a front and back color copy of a valid state driver's license, state identification card, or U.S. passport. This form, along with the above-mentioned acceptable identification, can also be mailed with a notary's seal and signature to CSN, 6375 W. Charleston, Sort Code WCD 126 Attn: Loan Processing, Las Vegas, NV 89146.

My signature below constitutes my request for a loan under the Federal Direct Stafford Loan Program. I have completed my loan entrance counseling and my Master Promissory Note (MPN) at www.studentaid.gov. I understand that I will not be eligible for a loan if I am not making Satisfactory Academic Progress (SAP) at the end of the Spring 2021 semester.

Processing time for loan applications is 4 - 6 weeks, longer during high volume intake times.

Student Signature

Date

Notary Stamp/Signature

Date

FOR OFFICE USE ONLY

- Dependent Independent
Major Declared Yes No
Meets SAP Yes No

NSLDS

Aggregate Sub: \$
Aggregate Unsub: \$
Aggregate Combined: \$

Year in college _____ SUM 20: _____

Reviewer Initials: _____ Date: _____