



Office of Student Financial Aid
 One University Boulevard
 327 Millennium Student Center
 St. Louis MO 63121-4499
 Telephone: 314-516-5526
 Fax: 314-516-5408

2009-2010 STAFFORD LOAN ADDENDUM FORM

Student Name _____

Student # _____ Phone # _____

Period enrolled: Fall Spring Summer

Enrolled Status: Undergraduate Graduate Optometry

ADDITIONAL LOAN REQUEST

Please Note: All requests for additional loans will be based on the maximum allowed per academic year. The amounts you request are subject to change based on eligibility at the time of your request. You must be enrolled at least half-time for each period included in your request. Fill in the amount, and check the term for which you are applying.

If this is your first time applying for a Stafford Loan and you have not yet chosen a lender, please choose one (see an advisor or call our office if you aren't sure) and complete the information below:

Lender Name _____ Lender Code _____

	<u>Amount</u>	<u>Fall</u>	<u>Spring</u>	<u>Fall & Spring</u>	<u>Summer</u>
<input type="checkbox"/> Subsidized Stafford	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unsubsidized Stafford	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LOAN REDUCTION/CANCELLATION

Check the type of loan you would like reduced or cancelled and indicate the original amount of the loan in addition to the new amount you are requesting. **If you received a refund from this loan, you should return it to the UMSL Cashiers Office.**

Have you returned your refund check to the Cashiers Office? Yes No

If you received your refund funds via Direct Deposit, do you understand you will have to return these funds the UMSL Cashiers Office? Yes No

	<u>Term</u>	<u>From Original Amt</u>	<u>To New Amount</u>
<input type="checkbox"/> Subsidized Stafford	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Full Year <input type="checkbox"/> Summer	\$ _____	\$ _____
<input type="checkbox"/> Unsubsidized Stafford	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Full Year <input type="checkbox"/> Summer	\$ _____	\$ _____
<input type="checkbox"/> Graduate Plus/ Parent Plus	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Full Year <input type="checkbox"/> Summer	\$ _____	\$ _____

Student Signature: _____ Date _____

***Please specify what action you are requesting the Financial Aid Office to make on your loan(s):**