



OFFICE OF FINANCIAL AID 585-389-2310 *phone*
 4245 East Avenue 585-389-2317 *fax*
 Rochester, NY 14618 www.naz.edu

Supplemental Federal Direct Stafford Loan Request Form (Graduate Students only)

Student Name: _____

Nazareth College ID: _____

Student Phone Number: _____

NOTE: You will automatically receive the following Direct Stafford Loan amounts, per semester, based on your current registration status:

- 6 credits - \$ 5,000 per semester
- 9 credits - \$ 7,000 per semester
- 12 credits - \$ 10,250 per semester (maximum per semester)

Please complete this form **ONLY** if you wish to borrow **more than** the initial Direct Stafford Loan amounts listed above.

	SUMMER	FALL	SPRING
Current registered credits:	_____	_____	_____
Initial loan amount (see above)	\$ _____	\$ _____	\$ _____
Additional Requested Amount:	\$ _____	\$ _____	\$ _____
TOTAL Direct Loan/semester:	\$ _____ *	\$ _____ *	\$ _____ *

*** Note: The maximum, per semester, is \$10,250 or the Cost of Attendance, which ever is less.**

If my requested loan amount exceeds my need-based Subsidized Direct Stafford loan eligibility, I authorize that the balance be made available to me in an Unsubsidized Direct Stafford loan, knowing that I will be responsible for the interest on this amount for the period of time I am in school and during my grace period.

Signature

Date