

**LaGuardia Community College**  
**2018 - 2019 FEDERAL DIRECT STUDENT LOAN REQUEST**

<b>Verification</b> <input type="checkbox"/> Required <input type="checkbox"/> Not Required
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**STUDENT'S INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
SSN:   XX   -   XX   - \_\_\_\_\_ EMPL #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Note: All correspondence will be sent to your college email address.

**LOAN REQUEST: YOU MUST BE REGISTERED FOR AT LEAST 6 CREDITS FOR SESSION I AND SESSION II PRIOR TO 09/18/2018 FOR FALL 2018 AND 03/7/2019 FOR SPRING 2019 AND DEGREE SEEKING**

Check only one of the following:

\_\_\_\_ I want to receive a Subsidized Direct Loan **ONLY**.

**OR**

\_\_\_\_ If, I am not eligible for the amount I have requested as a Subsidized Direct Loan, I will accept all or part of my student loan in Direct Unsubsidized Loan funds.

Check only one of the following:

\_\_\_\_ I want to increase my loan. **OR** \_\_\_\_ I want to decrease my loan. **OR** \_\_\_\_ New Loan Request

**TOTAL Federal Direct Student Loan Request for 2018 - 2019:**

Current loan amount: \$ \_\_\_\_\_

Increase or decrease: \$ \_\_\_\_\_ = **New Total:** \$ \_\_\_\_\_

FALL 2018 Anticipated # of Credits _____	SPRING 2019 Anticipated # of Credits _____
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I am graduating at the end of Fall Semester 2018. Yes \_\_\_\_\_ No \_\_\_\_\_

I am graduating at the end of Spring Semester 2019. Yes \_\_\_\_\_ No \_\_\_\_\_

**BORROWER'S CERTIFICATION:**

This request form is not a promissory note. I must complete Entrance Counseling and sign an Electronic Master Promissory Note (EMPN) online at [www.studentloans.gov](http://www.studentloans.gov). I understand that my eligibility for Federal Direct Loans will be determine in accordance with Federal Law. Further, by signing this application for a student loan I certify that all information provided is true to the best of my knowledge, and that the proceeds of this loan will be used for educational expenses incurred during my period of enrollment at City University of New York.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For Internal Use Only</b>
<b>Attempted Online CUNYfirst Student App. (Y/N):</b> _____ <b>Intake Staff Print Name:</b> _____ <b>Initial:</b> _____