



2016-2017 REQUEST to REINSTATE LOAN

STUDENT'S NAME & ADDRESS (Please print clearly)

Student Banner ID # (*required*)

PHONE _____

By signing below, I understand that I am asking the Office of Financial Aid (OFA) at Samford University to **REINSTATE** the loan(s) indicated below. I also understand that I must be enrolled at least ½ time and still be eligible for these loan funds. Please allow 3-5 business days for this request to be processed. You may view updates on Banner Self-Service.

Student Signature _____ Date _____

Are you a Graduate or Undergrad Student?

LOAN TYPE TO REINSTATE	TERMS			For Office of Financial Aid use only. Please do not write in the columns below.		
	FALL 2016	SPRING 2017	SUMMER 2017	Gross Amount	Net Amount Return	Notes
STAFFORD LOAN [Sub & Unsub]						
STAFFORD LOAN [Sub Only]						
STAFFORD LOAN [Unsub Only]						
PLUS						
GRADUATE PLUS						
PRIVATE						
PERKINS						
HEALTH PROFESSIONS LOAN						
CIOS						
COHRON						

Office of Financial Aid Use Only:

_____ *YOUR LOAN CANNOT BE REINSTATED because _____

_____ YOUR LOAN(S) WAS REINSTATED on _____ (date) by _____

Samford University Office of Financial Aid - 800 Lakeshore Drive - Birmingham, AL 35229

Phone Number: (205) 726-2905 - Fax Number: (205)726-2738 - Email: ofa@samford.edu