



## 2017-2018 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?

<b>LOAN TYPE TO REINSTATE</b>	<b>TERMS</b>			For Office of Financial Aid use only. Please do not write in the columns below.		
	<i>Please indicate the GROSS amount you would like to have Reinstated.</i>					
	FALL 2017	SPRING 2018	SUMMER 2018	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						

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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

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