



2018-2019 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.		
	<i>Please indicate the GROSS amount you would like to have Reinstated.</i>			Gross Amount	Net Amount Return	Notes
	FALL 2018	SPRING 2019	SUMMER 2019			
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
Student Financial Services
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