University of Cincinnati College of Medicine
Stafford Loan Request Form
2010-11 Academic Year

Name (please print): ____________________________________________________________

2010-11 Class Year (please circle): UC I UC II UC III UC IV

Please check box 1 **OR** box 2 below.

<table>
<thead>
<tr>
<th>Box 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>I request a <strong>Subsidized</strong> Stafford loan in the amount of ($8,500 maximum): $__________</td>
</tr>
<tr>
<td>I request an <strong>Unsubsidized</strong> Stafford loan in the amount of: $__________</td>
</tr>
</tbody>
</table>

**OR**

<table>
<thead>
<tr>
<th>Box 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ I request my <strong>maximum eligibility</strong> in Subsidized and Unsubsidized Stafford loans for this academic year.</td>
</tr>
</tbody>
</table>

**CAUTION!** If you check this box, you will receive an unsubsidized Stafford loan equal to your cost of attendance less your subsidized Stafford and any institutional aid you receive. Be sure you want a loan of this size.

You have the right to cancel or reduce the above loans at any time.

The University of Cincinnati College of Medicine is a Direct Lending School. You will borrow your Stafford loan directly from the federal government. You have online access to your federal student loan account at the Direct Loan Servicing Center: [www.dl.ed.gov](http://www.dl.ed.gov)

Signature: __________________________ Date: __________________________

Return this form to:

Financial Aid Office
University of Cincinnati
College of Medicine
P.O. Box 670552
Cincinnati, OH 45267-0552