STUDENT LOAN REVIEW FORM

You are completing this form because you are approaching or have reached the loan review checkpoint at DSCC. You have either not yet earned enough hours to be considered a sophomore or you have not yet achieved the associate degree or certificate in which you are seeking. The checkpoint amount for a freshman is $7000, based on $3500 per year for 2 years. The checkpoint amount for a sophomore is $9000, based on $4500 per year for 2 years. The following information is required in order for the Financial Aid Appeals Committee to review your need for additional loan funds.

• Academic plan signed by your advisor clearly specifying the number of hours needed to complete your degree or certificate.

• An itemized list with a dollar amount of the educational expenses for which you plan to spend the loan funds you are requesting.

• Justification and/or documentation of why you have not yet achieved your degree or certificate.

• A signed repayment plan. If you do not have a repayment plan, see financial aid counselor, Deana Burgess, 731-286-3244 burgess@dssc.edu.

* Requests submitted without the above information will *NOT* be sent to the committee for review.
STUDENT LOAN REVIEW FORM

Name___________________________________________D# or last four digits of SSN______________

Telephone Number___________   Semester Loan Requested___________    Date Submitted_________

Loan funds requested   $________   for (fall) (spring) (both) semesters. (Circle requested period)

Please indicate below the reasons why you have not yet completed an associate degree or certificate program. Be sure to include your plans to complete your goal.

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Provide an itemized list of educational expenses for which you plan to spend any loan funds you receive. List all expenses including a dollar amount.

<table>
<thead>
<tr>
<th>Educational Expenses</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees</td>
<td></td>
</tr>
<tr>
<td>Books</td>
<td></td>
</tr>
<tr>
<td>Gasoline</td>
<td></td>
</tr>
<tr>
<td>Room/Board</td>
<td></td>
</tr>
<tr>
<td>Other (list individual expenses)</td>
<td></td>
</tr>
</tbody>
</table>

________________________________________________________________________________________

Signature                                                                                                                     Date

Committee Comments: ______________________________________________________________________________________________________

________________________________________________________________________________________

Financial Aid Appeals Committee                                                                                                  Date

Approved___                     Denied___