

# Sul Ross State University

## CAL/PRIVATE/ALTERNATIVE LOAN REQUEST

SRSU Title IV Code: 003625

SUBMIT YOUR REQUEST TO THE APPROPRIATE SRSU FINANCIAL AID OFFICE:

Office of Financial Aid  
P.O. Box C-2  
Alpine, TX 79832  
Phone: (432) 837-8050  
Fax: (432) 837-8411  
E-mail: fa@sulross.edu

Office of Financial Aid  
3107 Bob Rogers Drive  
Eagle Pass, TX 78852  
Phone: (830) 758-5021  
Fax: (830) 758-5019  
E-mail: rgcfao@sulross.edu

Office of Financial Aid  
2623 Garner Field Road  
Uvalde, TX 78801  
Phone: (830) 279-3008  
Fax: (830) 279-3009  
E-mail: rgcfao@sulross.edu

Office of Financial Aid  
205 Wildcat Drive  
Del Rio, TX 78840  
Phone: (830) 703-4824  
Fax: (830) 703-4810  
E-mail: rgcfao@sulross.edu

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
A#

\_\_\_\_\_  
Email Address

**Indicate the application period(s) and loan amount(s) requested:**

<input type="checkbox"/> FALL/SPRING	\$ _____	<b>LOAN TYPE:</b> <input type="checkbox"/> CAL <input type="checkbox"/> PRIVATE <input type="checkbox"/> ALTERNATIVE <input type="checkbox"/> B - ON - TIME
<input type="checkbox"/> FALL ONLY	\$ _____	
<input type="checkbox"/> SPRING ONLY	\$ _____	
<b>OR</b>		
<input type="checkbox"/> SUMMER I/SUMMER II	\$ _____	
<input type="checkbox"/> SUMMER I ONLY	\$ _____	
<input type="checkbox"/> SUMMER II ONLY	\$ _____	
<b>LENDER NAME:</b> _____		

I acknowledge that other financial options may be available to me and that I have either reviewed those options with my Financial Aid Counselor and have chosen to pursue this loan or that I have chosen to pursue this loan of my own accord without guidance from my Financial Aid Counselor.

I authorize Sul Ross State University to transfer my Alternative Loan proceeds received by electronic funds transfer (EFT) to my student account above for the payment of tuition, fees, room, board, or any other University debt. I further authorize any Alternative Loan proceeds in excess of the amount owed the University to be disbursed directly to me.

\_\_\_\_\_  
Printed Name of Student Borrower

\_\_\_\_\_  
Student Borrower's Drivers License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Student Borrower's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer I \_\_\_\_\_  Summer II \_\_\_\_\_ Original Grade Level \_\_\_\_\_ New Grade Level \_\_\_\_\_  
EFC \_\_\_\_\_ Original Budget \_\_\_\_\_ Revised Budget \_\_\_\_\_ Aid \_\_\_\_\_ Status **I or D**  
Original Loan Amount \_\_\_\_\_ Increase in Loan Amount \_\_\_\_\_ Revised Loan Amount \_\_\_\_\_  
Comments: \_\_\_\_\_  
FAO Signature \_\_\_\_\_ Date \_\_\_\_\_ Banner updated by \_\_\_\_\_ Date \_\_\_\_\_