



JHU ID# \_\_\_\_\_  
For office use only

### ADDITIONAL LOAN REQUEST FORM

2012-2013

Office of Financial Aid  
410-955-1324 Telephone  
410-614-3730 Fax

Email: [finaid@jhmi.edu](mailto:finaid@jhmi.edu)  
<http://www.hopkinsmedicine.org/financialaid>

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Indicate Year in School (1<sup>st</sup>, 2<sup>nd</sup>, etc.)

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

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

Reason for additional loan request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED AMOUNT: \$ \_\_\_\_\_

Requested additional loan amount is subject to Financial Aid Office approval.

Please allow 5 – 7 business days for evaluation of your request. Allow 7 – 10 business days for your refund to be mailed to you in the form of a check from the Business Office.

**PLEASE NOTE:** Any request will be disbursed in 2 parts: one in the fall, the second in the spring.

I certify that I have read and understand the above statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



#### Financial Aid Office Staff Use Only

Approved: \_\_\_\_\_  
Approved with Revision: \_\_\_\_\_  
Denied: \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_

#### Loan Breakdown

Unsubsidized \$ \_\_\_\_\_ Perkins Loan \$ \_\_\_\_\_  
Addit'l Unsub \$ \_\_\_\_\_ Institutional Loan \$ \_\_\_\_\_

Staff Initials: \_\_\_\_\_  
Date: \_\_\_\_\_