

After submitting, please allow 5-10 business days for an e-mail to your Goucher e-mail address.

Student Last Name \_\_\_\_\_

Student First Name \_\_\_\_\_

Goucher ID Number \_\_\_\_\_

To be eligible for a [federal student loan](#), you must [submit a 2021-2022 FAFSA](#) and meet [basic eligibility requirements](#). **You must be in at least 4.5 credits (half-time status) in the given semester to be eligible for a federal loan, and all credits must be requirements for your degree program.**

Program of study: \_\_\_\_\_ Academic advisor's name: \_\_\_\_\_

Indicate the number of credits you currently intend to take in each semester.  
**PLEASE DO NOT LEAVE ANY BLANKS**, and put 0 or "N/A" as needed.

Semester	Fall 2021	Winter/Spring 2022 (Indicate total credits for Winter & Spring)	Summer 2022
# of Credits			

Please indicate which borrowing need best applies to you.

<input type="checkbox"/> I wish to borrow only to cover my tuition and fees billed by Goucher, and I will pay for my books and other indirect expenses out-of-pocket.	<input type="checkbox"/> I wish to borrow the *maximum amount. Please note that the <b>earliest</b> loan funds would become available is <b>about 3 weeks after classes start each term.</b>
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\* **MAXIMUM BORROWERS PLEASE NOTE** that you are only eligible for up to \$20,500 in federal unsubsidized loans during the year and would need to apply for a PLUS loan or private loan to borrow more.

Are you receiving any other financial assistance such as scholarships, discounts, or employer educational benefits paid directly to Goucher?  Yes  No

**If you indicated yes**, please provide the source of financial assistance, and the amounts for each term:

By signing this form, I certify that all information is complete & correct. I understand that I need to complete all required steps to receive the loan, including Entrance Counseling and a Master Promissory Note (MPN). I understand that if I am borrowing to help with indirect costs then I will not have access to funds until **about 3 weeks after classes start**. I understand that it is **always my responsibility** to [review my billing statements](#) **EVERY SEMESTER** to ensure that my financial aid is meeting my needs.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

(ELECTRONIC SIGNATURES NOT ACCEPTED. Please print & sign in ink, scan as a PDF, and then upload or fax.)