

## 2025-2026 BANKRUPTCY & LOANS OVER LIMITS

(Please use black ink to complete this form)

| Student Name:                                    | ID #:   |  |
|--|---|--|
| Fir  | st Last name (required)   |  |
| COMPLETE ALL SECTIONS                            |   |  |
|  | lent, are requesting a review of your financial aid eligibility of mits. Do not complete this form if you have not yet registered     |  |
| SECTION A: REASON FOR R                          | EQUEST  |  |
| I am requesting a review of my fi                | inancial aid eligibility for the following reason (select one   | e):  |
| BANKRUPTCY: I am currently in act my bankruptcy. | ive Bankruptcy. I have attached a letter stating my Federal S   | Student Loans will not be included in          |
|  | een discharged and I have attached a letter stating my Federa<br>w Master Promissory Note on(date MPN sig                             |  |
| My Bankruptcy has b during my bankruptcy.        | een discharged and I have attached a letter stating my Federa   | al Student Loans <u>were</u> <u>discharged</u> |
| LOANS OVER LIMITS:                               |   | l d  |
| Title IV eligibility. I have attached            | regate Loan limits from another university and have complete documentation of reaffirmation.  | ed the reaffirmation process to regain         |
| Other:   |   |  |
| SECTION B: STUDENT CERT                          | TIFICATION STATEMENT AND SIGNATURE  |  |
|  | ree to provide ALL information and documents that are r   | requested. I understand that                   |
|  | onic/typed signatures are not accepted)   | Date   |
|  | plete and submit form before census date of the current semester (1 be prepared to make payment arrangements with the Student Account |  |

 $\textbf{(432) } 552\text{-}2620 \bullet Fax \textbf{(432) } 552\text{-}2621 \bullet Email: loans@utpb.edu$