



Overlapping Loan Clearance Letter

Name: _____
Date of Birth: _____ MSU Student ID#: _____
E-mail: _____ Phone Number: _____
I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.
Signature: _____ Date: _____

In order to accurately determine your Federal Direct loan eligibility with MSU Denver, we are required to review your student loan history within the National Student Loan Data System (NSLDS). It appears you have active federal student loans with another institution during the same academic year in which you are currently enrolled with our institution.

If you have already received aid for the current semester and your loans are in excess of annual borrowing limits or federal aggregate borrowing limits, it may be necessary for our office to reduce and bill all or a portion of your already disbursed Federal Direct Loans. If you have not received aid for the current semester, the information provided on this form will allow our office to accurately package your aid, provided you have a completed financial aid file.

Please submit this form to your previous school's Financial Aid Office so we may determine your remaining Federal Direct Loan eligibility for the remainder of the current academic year.

NOTE: Please make sure you cancel any pending disbursements with the school you are transferring from and allow 3 weeks to process this form completely.

Please check this box if you **DID NOT** attend a different school in the Fall.

FOLLOWING TO BE COMPLETED BY A FINANCIAL AID ADMINISTRATOR AT YOUR PREVIOUS INSTITUTION.

FALL

Subsidized: \$ _____

Loan Period: _____

Disbursement Date: _____ **AY:** _____

SPRING

Subsidized: \$ _____

Loan Period: _____

Disbursement Date: _____ **AY:** _____

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FALL

Unsubsidized: \$ _____

Loan Period: _____

Disbursement Date: _____ AY: _____

SPRING

Unsubsidized: \$ _____

Loan Period: _____

Disbursement Date: _____ AY: _____

PELL: \$ _____

PELL: \$ _____

Future Disbursements CANCELLED on COD by this date: _____ Yes No

SCHOOL CERTIFYING OFFICIAL

Name: _____ Date: _____

Institution Name: _____

Phone: _____ Fax: _____ Email: _____

Signature of School Certifying Official: _____