



Private/Alternative Education Loan Understanding Form

Students who seek borrowing and repayment terms not available through the federal education loan program may be able to borrow a private/alternative education loan. Students must decide how much to borrow, choose a lender, choose repayment options and so on. Once private/alternative loan funding arrives, our staff will not increase or decrease that loan. If additional funding is needed, the borrower must submit a new application through the private lender directly. You need to carefully consider these loans as they vary widely from lender to lender. A credit check is required. Students are eligible to borrow additional funding up to their cost of attendance minus the financial aid listed on their financial aid award notice.

Please hand-deliver, mail, email scan or fax (students are required to confirm receipt) the form to:

Cooper Medical School of Rowan University, Office of Financial Aid
 Kyhna Bryant, Assistant Director of Financial Aid
 401 South Broadway
 Camden, NJ 08103
 Phone: (856) 361-2850
 Fax: (856) 361-2828
 Email: financialaid@coopermed.rowan.edu

Student Information (Please print your answers)

Academic Year: _____
 Student Name: _____ Rowan ID#: _____
 Rowan Email: _____ Contact Number: _____

Please check below:

First Time Submitting This Form Submitting a Revised Request

Please check below the loan period for which the loan funds are requested (*only check one of the following*):

Fall and Spring* Fall Only Spring Only

*The amount requested will be divided evenly across the entire academic year.

Name of Lender _____

I request to borrow the following loan amount: \$ _____

Student Consent

I am aware about my federal education loan borrowing options, but I chose to borrow private/alternative education loan funding anyway. I will apply directly with the lender I specified above and I understand that my loan will not be certified by the Financial Aid Office until a loan certification request is forwarded from my lender to the Financial Aid Office.

Student Signature: _____ Date: _____