
Student's Last Name Student's First Name M.I. Student's ID Number

Course Dates: _____ thru _____

I am **accepting** the following student loans and amounts for the 2016Fall and/or 2017Spring semesters:

- Direct Subsidized Stafford Loan
(2016Fall) in the amount of \$ _____
(2017Spring) in the amount of \$ _____

- Direct Unsubsidized Stafford Loan
(2016Fall) in the amount of \$ _____
(2017Spring) in the amount of \$ _____

I am **declining** the following student loans for the 16Fall and/or 17Spring semesters:

- Direct Subsidized Stafford Loan
- Direct Unsubsidized Stafford Loan

I certify that the information on this form is true and correct by signing here:

Student's Signature: _____ Date: _____

Complete, print, sign and return form to:

ACU Office of Financial Aid
2625 East Cactus Road
Phoenix, AZ 85032

Email: financialaid@arizonachristian.edu
Fax: (800) 971-3688