UT PERMIAN BASIN™
OFFICE OF FINANCIAL AID
& SCHOLARSHIPS

2027-2028 BANKRUPTCY & LOANS OVER LIMITS

(Please use black ink to complete this form)

Student Name: _____ ID #:_____
First Last name (required)

COMPLETE ALL SECTIONS

Complete this form if you, the student, are requesting a review of your financial aid eligibility due to the following issues: Bankruptcy, Default, Loans over limits. Do not complete this form if you have not yet registered for classes or if you wish to reduce/cancel loan funds.

SECTION A: REASON FOR REQUEST

I am requesting a review of my financial aid eligibility for the following reason (select one):

BANKRUPTCY:
_____ I am currently in active Bankruptcy. I have attached a letter stating my Federal Student Loans will not be included in my bankruptcy.

_____ My Bankruptcy has been discharged and I have attached a letter stating my Federal Student *Loans were not included in my bankruptcy*. I have signed a new Master Promissory Note on_____(date MPN signed) after bankruptcy was discharged on_____.

_____ My Bankruptcy has been discharged and I have attached a letter stating my Federal Student Loans *were discharged during my bankruptcy.*

LOANS OVER LIMITS:
_____ I have exceeded Aggregate Loan limits from another university and have completed the reaffirmation process to regain Title IV eligibility. I have attached documentation of reaffirmation.

Other:_____

SECTION B: STUDENT CERTIFICATION STATEMENT AND SIGNATURE

By providing my signature, I agree to provide ALL information and documents that are requested. I understand that reinstatement of Title IV financial aid is not guaranteed.

_____ _____
Student's Physical Signature (electronic/typed signatures are not accepted) *Date*

Deadline for processing, please complete and submit form before census date of the current semester (12th class day). After the census date, you should be prepared to make payment arrangements with the Student Accounting Office.

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