

Financial Aid Office 106 Suffolk Circle Cobleskill, NY 12043 Phone 518-255-5623 Fax 518-255-5844 Financialaid@cobleskill.edu

2018-2019 Subsidized Usage Limit Warning

There is a limit on the maximum period of time (measured in academic years) that you can receive federal Direct <u>Subsidized</u> Loans. This limitation on Direct Subsidized Loan eligibility impacts all students who first borrowed a student loan on or after July 1, 2013. In general, you may not receive federal Direct Subsidized Loans for more than 150% of the published length of your program. This is called your "maximum eligibility period".

Per the federal Department of Education, you have been classified as a first-time student loan borrower who is close to reaching their maximum eligibility period. Students who reach their maximum eligibility period are ineligible to receive additional Direct Subsidized Loans and lose the subsidy on previously borrowed Direct Subsidized Loans.

To Be Completed By Financial Aid Office

	To be comp	picted By 11	nanciai ina	Office		
Student Name	Student Name			Student ID #		
DOB	DOB			SSN		
This information below has be	een determined by reviewin	g the student's	s NSLDS reco	rd on:		
			sidized Remaining e Period Eligibility SUP) Period (REP)			
For 2018-2019:	-		=			
Your potential Su	is: \$			RHACOMM SI		
	Stud	ent Acknov	wledgement	t		
I acknowledge that I have been my federal aid eligibility www.nslds.ed.gov.						
Student Signature			Date			

Revised: 11/07/2017