

**COLUMBIA COLLEGE
MELLON MAYS UNDERGRADUATE FELLOWSHIP
LOAN REPAYMENT REQUEST**

Use this form to request that the Columbia College MMUF program contribute to your undergraduate debt repayment.

PART 1: Graduate Study Verification

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STUDENT:

Name: _____ Academic year to be verified: _____

Current Mailing Address: _____

Telephone Number: _____ Email address: _____

Program of Graduate Study: _____

Name and Address of Graduate School: _____

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GRADUATE SCHOOL DEAN:

Student's field of study: _____ Year student began graduate work: _____

Academic year to be verified _____ Ph.D. completion date (actual or anticipated): _____

Dean's name and title: _____

Signature: _____

Address: _____

Telephone Number: _____ Email address: _____
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PART 2: Loan Verification

UNDERGRADUATE LOAN INFORMATION

Please provide the following information for ALL loans you incurred during your undergraduate study at Columbia College:

LOAN (Please list loan type, lending institution, and origination date)	ACCOUNT NUMBER	ORIGINAL AMOUNT	REMAINING BALANCE	Payment Preference*
<i>Example: Stafford, Sallie Mae, 09/2009</i>		\$6,500	\$5,000	1

*Please prioritize which loan(s) should be paid first, using preferences 1-5 (with 1 being the highest preference)

Have you consolidated your loans. Yes No If yes, please list the name and address of current lender(s) below:

LOAN (Please list loan type, lending institution, and origination date)	ACCOUNT NUMBER	ORIGINAL AMOUNT	REMAINING BALANCE	Payment Preference*#
<i>Example: Stafford, Sallie Mae, 09/2009</i>	44-382957923-01	\$6,500	\$5,000	1

*Please prioritize which loan(s) should be paid first, using preferences 1-5 (with 1 being the highest preference)

Please include a loan payment slip in order to expedite repayment process

VERIFICATION OF INFORMATION

I certify that the information provided in this document is true to the best of my knowledge. I understand that it is subject to verification by the Mellon Mays Undergraduate Fellowship Program and the Columbia College Office of Financial Aid.

Applicant's Signature _____ Date _____

WHEN COMPLETED, PLEASE RETURN THIS FORM AND A LOAN PAYMENT SLIP TO:

Office of Academic Affairs
Columbia College
202 Hamilton Hall, MC 2811
1130 Amsterdam Avenue
New York, New York 10027