



Office of Financial Aid

Name (Last, First, MI): _____ SUA Student ID#: _____

Date: _____ Mobile Phone #: _____

You must complete all sections. Do not leave any question or amount response blank. Forms submitted with blanks will be considered incomplete and may delay receipt of financial aid.

SECTION A: PARENT INFORMATION

I understand that my application for a Federal Direct PLUS Loan has been denied. I wish to cancel my application, and I will not be seeking an endorser for the loan. I am also choosing to not provide documentation showing the loan application information that is causing the adverse credit decision to be incorrect, or that there are extenuating circumstances. Therefore, I would like to request that the student be offered a Federal Direct Unsubsidized Loan as a replacement loan solution. I also understand that my child will be incurring additional student loan debt by making this request.

NOTE: The parent who signs this form must be the same parent who applied for the original parent PLUS Loan.

By signing this form, you certify that all of the information you provided is true and complete to the best of your knowledge; and you agree, if asked, to provide information that will verify the accuracy of your completed form.

Parent Name (print) Parent Phone Number Parent Email

Parent Signature Date

SECTION B: STUDENT INFORMATION

The maximum Federal Direct Unsubsidized Loan amount that you can borrow is:

- First and second year undergraduates: \$4000.00
• Third and fourth year undergraduates: \$5000.00

I acknowledge that my parent's PLUS Loan was denied, and I would like to be offered the maximum amount of Federal Direct Unsubsidized Loan for which I am eligible, up to the limit as noted above. I understand that I will be incurring additional debt, and be borrowing additional funds to replace my parent's PLUS Loan funding. I further understand that I will be responsible for repayment of these loan funds, in addition to any other loan funds I may receive.

By signing this form, you certify that all of the information you have provided is true and complete to the best of your knowledge; and you agree, if asked, to provide information that will verify the accuracy of your completed form.

Student Name (print) Student Signature Date

(Please mail or deliver this form in-person to the address provided below. Please write your ID# on attached or supporting documents.)