SOKA UNIVERSITY

# Office of Financial Aid

**Academic Year: _____**
**PLUS Loan Ineligible**
**Request for Unsubsidized Loan**

**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**

**(This form requires handwritten signatures. Photocopies of handwritten signatures are permitted. Electronic, or typed, signatures will not be accepted.)**

## 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**

**(This form requires handwritten signatures. Photocopies of handwritten signatures are permitted. Electronic, or typed, signatures will not be accepted.)**

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