

## 2017-2018 Request for Additional Student Unsubsidized Loan due to Parent PLUS Loan Denial

<b>Student Name</b>	<b>ID #</b>
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Please complete form in blue or black ink. Incomplete forms will not be accepted.

According to our records, a Parent PLUS loan on your behalf has been denied by the Department of Education.

This form will serve to authorize Lake Superior State University to process an additional unsubsidized loan in your name, for the amount eligible, as a replacement of the Parent PLUS loan.

**Parent Section:**

I have read and understand the enclosed letter from LSSU which further describes my options. I understand that my PLUS loan application has been denied by the Department of Education. I choose not to appeal the decision or to seek an endorser for the loan. I understand that if my credit rating changes and my request for a PLUS loan is approved, the student loan will be cancelled in accordance with federal regulations.

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Student Section:**

I have read and understand the enclosed letter from LSSU which further describes my options. I would like my financial aid application to be processed for an additional unsubsidized direct loan through the Department of Education, in replacement of the Parent PLUS which has been denied. The amount should be the same as the PLUS loan amount was, or as indicated below. I understand the maximum amount is determined by the cost of attendance and other aid.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\$ \_\_\_\_\_  
Amount Requested

(The maximum limit is \$4000 for Freshmen and Sophomore, and \$5,000 for Junior and Senior level students.)

Internal use <b>ONLY</b> Reviewed: _____ Scanned: _____
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<b>RETURN FORMS TO:</b> Lake Superior State University Financial Aid Office 650 West Easterday Avenue Sault Ste. Marie, MI 49783-1699 Phone: 906-635-2678 Fax: 906-635-6669 Email: <a href="mailto:finaid@lssu.edu">finaid@lssu.edu</a>
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