

## Parent (PLUS) Loan Request Form

Parent Name (print):		
Parent SSN:	phone #:	Birthdate:
Student Name (print):		
Student I.D.:		_
Requested Loan Amount	for Academic Year: \$(	(3% loan origination fee will be added)
Apply loan amount to fol	lowing semester(s): Spr/Sum_	Fall Winter Spr/Sum
Funds will be used for (circle all th	at apply): <u>Tuition/Fees/Books</u> *	Refund for Indirect Educational Expenses
Note: Loan eligibility is based o semesters, if needed for both sen		additional amount requests for both
❖ Mail completed form to the I	Financial Aid Processing Center	for the location your student is attending.
	mitted prior to mid-semester for be certified and disbursed until the	priority processing. Loan requests received he next semester.
(MPN/EMPN) on file before		dents (PLUS) Master Promissory Note d. (Please be sure to read all terms and S MPN/EMPN.)
	ill be for costs associated with D educational expenses (if reques	eavenport University charges, loan ted).
If the requested loan is to be cover actual charges.	used for tuition/fees only, Dave	nport University may adjust the amount to
1 .	form the parent borrower if the somplete eligibility determinat	amount requested cannot be honored after a ion.
Parent Signature	Dat	e
Office Use Only:  Staff initial Date		