

SUMMER 2020
FEDERAL DIRECT /PLUS LOAN & PRIVATE STUDENT LOAN REQUEST

NOTE: *This form is ONLY to request the certification of a PLUS or Private loan for the summer. You are automatically offered Direct student loans if you are eligible.*

Name _____ HU ID# _____

Academic Level: UG GR GR (ZARB School of Business) CL

Physician Assistant Program: Yes No Audiology Program: Yes No

Study Abroad/Consortium/Internship: Yes No NOAH student: Yes No

Summer Plans: SS1 ___ cr. Living: On-Campus With Parents Off-Campus (dependent UG students **must** submit a lease)
SS2 ___ cr. Living: On-Campus With Parents Off-Campus (dependent UG students **must** submit a lease)
SS3 ___ cr. Living: On-Campus With Parents Off-Campus (dependent UG students **must** submit a lease)

_____ total combined credits summer

Expected Date of Graduation (circle one and enter year): Aug ___ December ___ May ___

Requesting: PLUS - Amount \$ _____ Private Student Loan - Amount \$ _____

Private Student Loan Lender: _____
REQUIRED (must apply directly with lender)

I would like to **decline** my Direct Stafford loans for summer because I wish to use a PLUS loan/private student loan for payment of my Summer charges.

Important Information About Your Loan

- All requirements **must** be met before your loan may be certified, including:
 - ✓ File a completed 2020-2021 FAFSA
 - ✓ Registration for the required minimum number of credits: 6 credits Undergraduate, 4.5 credits Graduate
 - ✓ A Master Promissory Note (MPN) and Entrance Counseling session **must** be completed at www.studentloans.gov if you have not already completed both requirements
 - ✓ Complete and submit all verification documents if required
 - ✓ Complete and submit any other requested paperwork
- Adjustments/cancellation may occur if enrollment falls below the required minimum number of credits
- Enrollment for all summer sessions is combined for eligibility (see above)
- **All requests for loan funds are subject to Federal regulation compliance.**

PLEASE ALLOW 10-14 BUSINESS DAYS FOR PROCESSING

Signature _____ Date _____

*To better assist you, we ask that you please upload this form to the Portal **after** you have registered.*

FOR OFFICE USE ONLY

Registration Verification INDCON DENFAA Entrance Counseling Citizenship Selective Service