



**Southern University Law Center**  
 Office of Financial Aid  
 Post Office Box 9294  
 Baton Rouge, Louisiana 70813-9294  
 (225) 771-2141 (225) 771-5890 fax

**2017-2018 FEDERAL DIRECT LOANS  
 APPLICATION/CHANGE REQUEST**

Graduate PLUS applicants must:

- ❖ Complete Graduate PLUS Master Promissory Note (MPN) at [www.studentloans.gov](http://www.studentloans.gov) (if expired or endorser used)
- ❖ Obtain loan approval online at [www.studentloans.gov](http://www.studentloans.gov)
- ❖ Complete Entrance Counseling (if not completed in the fall or spring)
- ❖ Enroll at least half time (applicable to unsubsidized loan applicants as well)

**STUDENT INFORMATION: Please print clearly and complete the entire section.**

NAME: \_\_\_\_\_ SSN \_\_\_\_\_ ID # SO \_\_\_\_\_  
 LOCAL ADDRESS: \_\_\_\_\_  
 PERMANENT ADDRESS: \_\_\_\_\_  
 CONTACT # (\_\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ ENROLLED HOURS \_\_\_\_\_  
 ENROLLMENT:  SULC  Consortium Agreement (must have approval)

**LOAN INFORMATION: Please indicate the type of aid request below.**

**Federal Direct Unsubsidized Loans**

FULL ACADEMIC YEAR CHANGES

Reinstatement  Cancel  
 Reduce or  Increase to \$ \_\_\_\_\_

CHANGES BY TERM Fall \_\_\_ Spring \_\_\_ Summer \_\_\_

Reinstatement  Cancel  
 Reduce or  Increase to \$ \_\_\_\_\_

**Federal Direct Graduate PLUS Loans**

Add a Direct PLUS Loan to my package  Cancel \_\_\_\_\_ Amount: \$ \_\_\_\_\_ (not to exceed the Cost of Attendance Budget)

**Additional Aid**

Will you receive a Fee Exemption, Tuition Waiver, and/or Scholarship during the Fall 17 or Spring 18 semesters? \_\_\_\_\_  
 Type \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**CERTIFICATION STATEMENT: Please read thoroughly, initial, and sign below.**

By signing this form, I certify that I have read the entire document and the information being provided is accurate. I understand that any loans added to my financial aid package will be automatically accepted upon awarding. I understand by submitting this form a new credit check will be generated, if the previous credit check has expired. \_\_\_\_\_ (initial here)

**Single semester awards (Fall only or Spring only) are made in two disbursements.** Please review your disclosure statement for specific dates. \_\_\_\_\_ (initial here)

Please allow at least 7 to 10 business days for processing.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:

COA:	Aggr Flag: Y_ N_	NSLDS: \$	ENDORSED AMT: \$	AWARD AMT: \$
ENTRANCE COUNSELING: <input type="checkbox"/>	W/PLUS <input type="checkbox"/>	MPN <input type="checkbox"/>	APPLICATION AMT: \$	CREDIT EXPIRATION: / /
VERIFIED BY:	DATE PROCESSED: / /			