Southern University Law Center

Office of Financial Aid

Post Office Box 9294

Baton Rouge, Louisiana 70813-9294

(225) 771-2141 (225) 771-5890 fax

2018-2019 FEDERAL DIRECT LOANS
APPLICATION/CHANGE REQUEST

Graduate PLUS applicants must:

- ❖ Complete Graduate PLUS Master Promissory Note (MPN) at www.studentloans.gov (if expired or endorser used)
- ❖ Obtain loan approval online at 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 #** S0_____

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	CHANGES BY TERM Fall __ Spring _ Summer_
☐ Reinstate ☐ Cancel	☐ Reinstate ☐ Cancel
☐ Reduce or ☐ Increase to $_____	☐ Reduce or ☐ Increase to $_____

_____

Federal Direct Graduate PLUS Loans

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

CHANGES BY TERM Fall _____ Spring ___ Summer___ ☐ Reduce or ☐ Increase to $_____ ☐ Cancel

_____

Additional Aid

Will you receive a Fee Exemption, Tuition Waiver, and/or Scholarship during the Fall 18 or Spring 19 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: ☐	W/PLUS ☐	MPN ☐ / /	APPLICATION AMT: $	CREDIT EXPIRATION: / /
VERIFIED BY:			DATE PROCESSED: / /	