

Office of Financial Aid University Park, IL 60484 708.534.4480 Fax: 708.534.1172 www.govst.edu/finaid

## 2016-2017 FEDERAL DIRECT PLUS LOAN REQUEST FORM

☐ Undergraduate Parent PLUS – Complete <b>ALL</b> Sections	☐ Graduate PLUS – Complete <b>Sections I and III</b>
Section I.	
Name:	
Student Day Telephone Number:	Student Evening Telephone Number:
I have completed the PLUS application online at www.studentloans.gov	Yes (Your loan will not be processed until this step is completed).
Section II.	
Parent Name:	
Parent SSN: Parent DOB:	
Parent Address:	Street City State Zip Code
	ent Work Telephone Number:
Tarent retephone Number.	ent work receptone number.
Parent Driver's License #:Stat	e Issued:
Parent US Citizenship Status (check one):	
$\square$ US Citizen or National $\square$ Permanent Resident or other eligible non-c	itizen   Alien Registration Number:
Section III.	
Are you (student) currently in default on a federal education loan or owe a $\Box$ Yes $\Box$ No	refund on a federal student grant? (check one)
Are you (parent borrower) currently in default on a federal education loan $\hfill\Box$ Yes $\hfill\Box$ No	or owe a refund on a federal student grant? (check one)
In the event your PLUS loan is denied, due to the results of your credit chec	ck, I would like to <b>(check one)</b> :
☐ Use an Endorser/Co-Signer ☐ Allow student to be considered for an U	Insubsidized Loan
Indicate the dollar amount of the PLUS Loan you are requesting:	
Fall 2016 \$ Spring 2017 \$	Summer 2017 \$
Anticipated hours of enrollment:	
Fall 2016: Spring 2017:	Summer 2017:
	niversity (GSU) to send the above information to the Direct Loan Servicing Center to electronic master promissory note (MPN), I give GSU permission to credit the loan

Parent Signature (Parent Plus Only)

Date

Student Signature

Date CRI CODE: FAC16PLS