DLAU

E																																
Student ID #									Last Name												First Name											

Student Request for Additional Unsubsidized Loan due to PLUS Denial/Special Circumstance

Award Year _____

☐ My parent applied for, but was **denied** a parent PLUS loan.
I would like to accept an additional unsubsidized loan in the amount below.

OR

☐ My parent **cannot apply** for a parent PLUS loan. (*Documentation attached*)
I would like to accept an additional unsubsidized loan in the amount below.

Amount Requested

Circle maximum or indicate amount if lower amount is desired.
ONLY BORROW WHAT YOU NEED.

$_____ or Maximum

Semester

Check the appropriate box for the desired term(s) of your loan.
Note: Summer cannot be combined with fall or spring.

Fall ☐ Spring ☐

Summer ☐

Signature _____

Digial Signatures are Not Accepted

Date _____

Rev 5/21

EASTERN ILLINOIS UNIVERSITY
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS, 600 LINCOLN AVENUE, CHARLESTON, IL 61920
TELEPHONE 217-581-6405 FAX 217-581-6422 EMAIL finaid@eiu.edu