

## PARENT PLUS LOAN OVERRIDE APPEAL REQUEST FORM

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**Student Information:**

Last and First Name \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

Postal Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Please fully read before completing.**

You are requesting an appeal for your Parent PLUS Loan Override request to receive additional Direct Unsubsidized Loan funds. Your request will be evaluate by the Financial Aid Institutional Director. Once your appeal has been evaluated, you will be notified in writing of the decision.

The determination is final and cannot be appealed to the U.S. Department of Education.

**Required Documents:**

- I. **Direct Parent PLUS Loan Override Appeal Request Form** – Properly completed and signed.
- II. **Parent Certification** – This certification must provide additional details, which were not mentioned in the original certification that can help justify your exceptional circumstances.
  - Evidence – you must include additional evidence, which was not presented in the original certification to help justify your exceptional circumstances.
- III. **Additional Certification** - This certification must provide additional details, provided by another person (professional o acquaintance) which were not mentioned in the original certification that can help justify your exceptional circumstances.
- IV. **Complete the information of the Parent to whom the exceptional circumstance applies to:**

Last and First Name \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

Postal Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cellphone Number \_\_\_\_\_

Email \_\_\_\_\_

Relationship with student:                      Father and Mother 1                      Father and Mother 2

**PARENT CERTIFICATION**

(Parent to whom the exceptional circumstances applies)

Last and First Name \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

Postal Address \_\_\_\_\_

Office Number \_\_\_\_\_ Cellphone Number \_\_\_\_\_

Email \_\_\_\_\_

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I certify that the information provided in this application form is true a correct. I understand that submitting false information to receive Federal Financial Aid is considered a federal crime and may be punished by fine, imprisonment or both.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Month/Day/Year

**ADDITIONAL CERTIFICATION**

Last and First Name \_\_\_\_\_ Relationship or Title: \_\_\_\_\_

Postal Address \_\_\_\_\_

Office Number \_\_\_\_\_ Cellphone Number \_\_\_\_\_

Email \_\_\_\_\_

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I certify that all of the information reported is complete and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Month/Day/Year

**Official Stamp**

*Copy of this document must be kept in the student's file.*