

## **Additional Unsubsidized Request Form**

Student Name

Student ID/SSN

I, \_\_\_\_\_\_, would like to request the additional unsubsidized loan due to my parent being denied the PLUS Loan. An unsubsidized loan is not based on financial need. I understand that I will be charged interest on this loan from the time it is disbursed until it is paid in full. I understand that I can choose to pay the interest while I am in school or allow it to accumulate.

In signing this letter, I accept full responsibility for understanding that in the event a PLUS Loan is later approved, the additional unsubsidized loan will be retracted from my account.

Upon receipt of this document, the PLUS Loan will be canceled and an unsubsidized loan will be processed for the amount for which the student is eligible. For first-year and sophomore students, the additional maximum is \$4,000 per academic year. For junior and senior students, the additional maximum is \$5,000 per academic year.

Signature of Borrower

Date

Return your completed form to the Office of Financial Aid, College of Mount Saint Vincent

Mail: 6301 Riverdale Avenue, Riverdale, NY 10471

Fax: 718-405-3490

Email: financial.aid@mountsaintvincent.edu

FORM CODE: ADDUN