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2024-2025 PLUS DENIED ADDITIONAL UNSUBSIDIZED DIRECT LOAN REQUEST

Name:	UM ID#:
UM E-Mail	Phone#:
Unsubsidized Loan funds to a dependent student (up undergraduate students) if the financial aid administra a Direct PLUS Loan due to exceptional circumstance case basis, and must maintain documentation of the	203(c)(1)(ii) authorize a school to award additional Direct to the amounts normally available only to independent ator determines that the student's parent is unable to borrow s. The school must make this determination on a case-by-determination. In addition to circumstances in which the dit history, exceptional circumstances include, but are not
The parent is incarcerated;	
The parent's whereabouts are unknown;	
 The parent is not a U.S. citizen or is unable to provide er purpose with the intention of becoming a citizen or perm 	vidence that he or she is in the United States for other than a temporary panent resident;
 The student's parent receives only public assistance or of be able to repay the PLUS Loan; 	disability benefits, and the school has documented that the parent would not
 The parent has filed for bankruptcy and has provided do bankruptcy filing, the parent may not incur any additional 	ocumentation from the bankruptcy court stating that as a condition of the ld debt; or
 The school has examined the family financial information an existing debt burden or the parent's expected income 	n and documented the parent's likely inability to repay the PLUS Loan due to e-to-debt ratio.
If one of these circumstances apply, please submunsubsidized Direct Loan. The documentation de	
-or-	
If your parent was denied the PLUS Loan then we	can offer the additional unsubsidized Direct Loan.
The amount is based on your current grade level:	
Freshmen/Sophomores: \$4000Juniors/Seniors: \$5000	
Signatures required: Please certify for the student n will not appeal the existing PLUS loan denial or pursu	nentioned above the additional unsubsidized Direct Loan. We ue an endorser for this academic year.
Student Signature:	Date:
Parent Signature:	Date: