

PARENT PLUS OVERRIDE REQUEST

SECTION I. STUDENT AND PARENT INFORMATION

Student Name

WVU ID

Parent Name

Telephone Number

SECTION II. EXCEPTIONAL CIRCUMSTANCES

Check all that apply. If none apply, skip this section and move on to Section III.

- Incarceration of parent:** *Attach a notarized statement from a guardian or other responsible adult.*
- Whereabouts of parent unknown:** *Attach a notarized statement from a guardian or other responsible adult.*
- Prior parent bankruptcy prohibits taking on additional debt:** *Attach a letter from the court verifying that the bankruptcy specifically prohibits the parent from taking on additional debt.*
- Family income is limited to public assistance and/or disability:** *Attach either a notarized statement, letter on DHHS letterhead, or a 1099 tax form.*
- Parent has a judgment lien for a debt owed to US:** *Attach a copy of notice of lien or notarized statement.*
- Parent is not a U.S. citizen or is unable to provide evidence that s/he is in the United States for other than a temporary purpose with the intention of becoming a citizen or permanent resident:** *Attach a notarized statement from parent.*

SECTION III. DEBT TO INCOME RATIO (If you completed Section II, DO NOT complete this section.)

Complete every item listed below, even if it is a zero amount.

- | | |
|---|----------|
| ➤ Monthly mortgage or rent: <i>Attach copy of lease or mortgage statement</i> | \$ _____ |
| ➤ Minimum monthly credit card payments: <i>Attach most recent statements</i> | \$ _____ |
| ➤ Monthly car loan payments: <i>Attach monthly statements</i> | \$ _____ |
| ➤ Other monthly loan payments: <i>Attach monthly statements</i> | \$ _____ |
| ➤ Annual gross salary: <i>Attach most recent pay stub or other documentation</i> | \$ _____ |
| ➤ Bonuses and overtime pay (annual estimate) | \$ _____ |
| ➤ Alimony or child support received (annual estimate) | \$ _____ |
| ➤ Other income (annual estimate, taxable and nontaxable) | \$ _____ |

I certify that this information is true and accurate.

Parent Signature *(Must be signed in ink. Electronic signatures not accepted.)*

Date

Student Name: _____

WVU ID: _____

SECTION IV. REQUEST FOR ADDITIONAL FEDERAL UNSUBSIDIZED LOAN

Complete this section if you would like to be reviewed for additional loan funds.

An additional Federal Direct Unsubsidized Loan may be available to students whose parents are unable to obtain a Federal Direct Parent PLUS Loan due to exceptional circumstances. Please see chart below for maximum annual limits.

Grade Level	Maximum Additional Unsubsidized Direct Loan Limit *
Freshman & Sophomore	\$4,000
Junior & Senior	\$5,000
PharmD 1 & 2	\$17,500

**The Federal Direct Unsubsidized Loan begins accumulating interest from the date of disbursement. Amount awarded is based on federal guidelines and determined by a financial aid administrator. Higher limits may be available to students pursuing a Doctorate of Pharmacy (PharmD). Contact the Health Sciences Center Financial Aid Office for more information.*

I request an additional Federal Direct Unsubsidized Loan in the amount of \$_____ (if left unanswered maximum amount will be assumed) to be processed for educational expenses. I understand the amount approved may be less than I request.

Student Signature (Must be signed in ink. Electronic signatures not accepted.)

Date

Return to Your Campus:

MORGANTOWN CAMPUS
HEALTH SCIENCES CENTER
POTOMAC STATE COLLEGE OF WVU
WVU INSTITUTE OF TECHNOLOGY

PO Box 6004 | Morgantown, WV 26506
PO Box 9810 | Morgantown, WV 26506
75 Arnold Street | Keyser, WV 26726
410 Neville Street | Beckley, WV 25801

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tech-financial-aid@mail.wvu.edu

Fax: 304-293-4890
Fax: 304-293-6861
Fax: 304-788-6939
Fax: 304-254-0710

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