

The Sage Colleges

ALBANY | TROY | ONLINE

Official Request for Additional Direct PLUS Loan Funds

This form should only be used if you have already applied and been approved for a Direct PLUS Loan at The Sage Colleges during the 2016-17 Academic Year

Student Name: _____ Student ID/SSN: _____

Parent/Borrower Name: _____ Parent SSN: _____

Additional PLUS Loan Amount Requested: \$ _____

PLUS Loan Amount Terms: (please select one)

Summer Only Fall Only Spring Only Summer/Fall/Spring Fall/Spring

*Please note that the requested loan amount cannot exceed the student's cost of attendance minus other aid awarded. If you request a loan amount greater than your eligibility, the requested amount will automatically be reduced to the maximum amount eligible.

I certify that all information provided here is true and complete. I also certify that the PLUS loan funds will be used only for expenses related to attendance at The Sage Colleges. I authorize The Sage Colleges to request an additional credit check for the PLUS loan through the Department of Education if the last credit check was conducted more than 120 days ago.

I agree to the above terms and certify that all information and signatures provided on this form are authentic.

Student Signature: _____ Date: _____

Parent/Borrower Signature: _____ Date: _____