



Student Financial Aid Office
 University of Louisville
 Louisville, KY 40292
 Phone: (502) 852-5511
 Fax: (502) 852-0182
 Email: finaid@louisville.edu

Direct Parent PLUS Denial Exemption Appeal

Dependent students may be eligible for additional unsubsidized loan amounts if the student can document exceptional circumstances which prevent a parent from borrowing a PLUS loan.

Instructions for completing this form:

- Attach a typed letter explaining your inability to apply for a Parent PLUS Loan
- Check one of the following conditions below and provide all requested documentation as required per condition

Please submit all documentation at the same time, and write your student's name and student's Id at the top of every document. Documentation may be submitted in person, via U.S. mail or fax.

Student

(1) First Name _____	(2) Last Name _____	(5) Academic Year : __ 2023-2024
(3) Student ID # _____	(4) Date of Birth ____ -- ____ -- ____	__ 2024-2025

Parent Information

(5) First Name _____		(6) Last Name _____	
(7) Last 4 of SSN# X X X - X X - _____		(8) Date of Birth ____ - ____ - ____	
(9) Relationship to Student _____ (i.e. mother/father, step-mother/father, etc.)			
To borrow a PLUS loan for a student, the parent must be the student's biological or adoptive mother or father. The spouse of a parent who has remarried (i.e., the student's stepparent) is also eligible to borrow a PLUS on the student's behalf, if his/her income and assets would be taken into account when calculating the dependent student's EFC. A legal guardian is not considered a parent for any Federal Student Aid purposes.			
(10) Mailing Address _____		(11) City _____	(12) State ____ (13) Zip Code _____
(14) Phone # (____) _____		(15) Work Phone # (____) _____	

Circumstance that Demonstrates Need for Exemption

(16) You will need to provide documentation that authenticates the situation.	
<input type="checkbox"/> The parent is incarcerated (<i>Provide documentation showing dates of incarceration.</i>)	
<input type="checkbox"/> The parent has filed bankruptcy (<i>Provide a letter from an attorney stating that as a condition of the bankruptcy filing, the parent may not incur any additional debt.</i>)	
<input type="checkbox"/> The parent's income is limited to public assistance or disability benefits. Please indicate which federal program the parent receives benefits from: (<i>Provide documentation showing dated proof of receiving such benefits.</i>)	
<input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Food Stamps <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and children. (WIC) <input type="checkbox"/> Other(Low Income Based Housing, etc...): _____	
<input type="checkbox"/> The parent is not a U.S. Citizen or permanent resident, or is not able to provide evidence from the U.S. Citizenship and Immigration Service that he or she is in the U.S. for other than a temporary purpose with the intention of becoming a citizen or permanent resident. (<i>Provide documentation showing evidence of citizenship or permanent residence outside the U.S.</i>)	

(17) Student Signature: _____ **Date:** _____

(18) Parent Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:	
<input type="checkbox"/> Documentation Attached	
Exemption	Deferred
<input type="checkbox"/> Granted	<input type="checkbox"/> Denied
<input type="checkbox"/> Comment	Staff Initials _____ Date _____