

Office of Financial Aid
2018-2019 Loan Reinstatement Request

Student Name: _____

SSN (last four digits): _____ Phone Number: _____

Student Type: WOM CAUS GRAD PHARM

If you would like to have federal loans reinstated that were previously cancelled, please complete this form and return it to our office. Please note that you must be meeting the satisfactory academic progress (SAP) standards and enrolled in at least half-time status before this request can be considered. Your failure to enroll before submitting this form will automatically delay processing. Please wait 24 hours after completing the required items (see below) before you submit this form.

Reinstatement Request

I am requesting that Notre Dame of Maryland University reinstate the following loan(s):

Loan Type: (check all that apply)

Direct Subsidized Loan Direct Unsubsidized Loan Direct Parent PLUS Loan Direct Grad PLUS Loan

Semester(s): (check all that apply)

Summer Fall Spring

Checklist (check the boxes once you have completed the requirements):

Direct Subsidized and/or Unsubsidized:

- MPN- Date Completed: _____
 Entrance Counseling - Date Completed: _____

Direct Parent PLUS:

- Application/Approval – Date Completed: _____
 MPN- Date Completed: _____
 Parent PLUS Request Form – Date Completed: _____

Direct Grad PLUS:

- Application/Approval – Date Completed: _____
 MPN- Date Completed: _____

By signing below, I certify that I understand certain financial aid programs require a minimum enrollment be maintained to receive funding.

Student Signature

Date

Parent Signature (Required for changes to Parent PLUS loan)

Date