# 2024-25 Parent PLUS Loan Replacement Form

**Instructions:** Only complete this form if your parent submitted a Federal Direct PLUS Loan Application at [https://studentaid.gov/plus-app/](https://studentaid.gov/plus-app/) and has received confirmation of a Federal Direct PLUS Loan credit denial on their account application. Please upload this completed form to the Rebel Success Hub at unlv.today/Rebel-Success.

**Note:** First and second-year students are eligible for a maximum of $4,000 in additional Federal Direct Unsubsidized Loans per year. Students in their third year and beyond are eligible for a maximum of $5,000 in additional Federal Direct Unsubsidized Loans per year. Visit [https://studentaid.gov/understand-aid/types/loans/subsidized-unsubsidized](https://studentaid.gov/understand-aid/types/loans/subsidized-unsubsidized) to learn more about annual loan limits.

## A. Student’s Information

| Student Name: __________________________________________ | NSHE: __________________________ |

## B. Loan Amount. Select all that apply

- I, **the student**, request additional Federal Direct Unsubsidized Loan funds for the academic year (fall semester and spring semester). I understand the amount will be disbursed in **equal** amounts per semester.
  
  Total amount to borrow: _________________________ (cannot exceed the maximum amount above).

- I, **the student**, request to have the amount below reserved from my loan eligibility for possible summer 2025 term enrollment.
  
  Total amount to reserve: _________________________ (cannot exceed the maximum amount above minus any amount requested for the fall and spring semesters).

## C. Student Signature

By signing this form, I certify I understand I must meet all federal and institutional eligibility requirements to receive additional unsubsidized loan funds. If the parent applicant of the denied Federal Direct PLUS loan decides to seek an endorser or to submit an appeal for their most recently denied PLUS loan application, I understand that the additional unsubsidized loan funds may be reduced or removed from my financial aid package.

| Student Signature: __________________________________________ | Date: __________________________ |