

**UNSUBSIDIZED FEDERAL DIRECT LOAN REQUEST FOR  
DEPENDENT STUDENTS WITHOUT PARENTAL DATA ON FAFSA 2011-2012**

Federal regulations allow a dependent student to be awarded a Federal Unsubsidized Direct Loan if our office can verify that the parent(s) has ceased financial support and the parent(s) refuses to provide parental information on the student's Free Application for Federal Student Aid (FAFSA). **However, student information MUST be submitted on the FAFSA.**

**SECTION 1. TO BE COMPLETED BY STUDENT**

<b>LName:</b>	<b>FName:</b>	<b>MName:</b>
<b>Student ID:</b>	<b>Local Telephone Number:</b>	<b>Email:</b>

**SECTION 2. TERMS AND CONDITIONS**

The student must provide a signed and dated statement from one parent specifically stating that the parent(s):

- **has stopped providing financial support to the student, including the date when financial support ceased**
- **will not provide financial support in the future (including cash and non-cash support, such as room and board)**
- **refuses to complete the parental section of the student's FAFSA**

If the request is approved by our office, the student will be eligible to receive **ONLY** an Unsubsidized Federal Direct Loan (6.8% fixed interest rate), subject to annual borrowing limits based upon grade level. No other federal, state, or university need-based aid will be available, and the student's parent(s) will not be eligible to apply for a Direct PLUS Loan for the student.

An approved student will remain in a dependent status, and will only be eligible to apply for higher interest rate Private Student Loans if additional aid is needed during the academic year.

DEPENDENT STUDENT ACADEMIC LEVEL	UNSUBSIDIZED STAFFORD LOAN LIMIT
FRESHMAN	\$5,500
SOPHOMORE	\$6,500
JUNIOR	\$7,500
SENIOR	\$7,500

If the request is denied by our office, the student must obtain the required parental information and signatures, and submit a corrected FAFSA, before any Title IV aid may be awarded.

**SECTION 4. ACCEPTANCE OF TERMS AND CONDITIONS**

I understand and accept all of the terms and conditions of this request:

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return form and documents to:**

**The University of Mississippi Medical Center  
Financial Aid Office  
2500 North State Street  
Jackson, MS 39216**