



Office Use Only

**Office of Financial Aid**  
2020-2021 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