



NORTHERN

STATE UNIVERSITY

REQUEST FOR ADDITIONAL DIRECT LOAN FUNDS

Name: _____ ID Number: _____

Email: _____ Phone Number: _____

Academic year for which you are requesting funds (i.e. 2023-24; 2024-25): _____

I wish to borrow additional:

★ **Subsidized** Direct Loan in the amount of \$ _____
___ Fall Semester only ___ Spring Semester only
___ Academic Year ___ Summer

★ **Unsubsidized** Direct Loan in the amount of \$ _____
___ Fall Semester only ___ Spring Semester only
___ Academic Year ___ Summer

Reason for Request (check all that apply):

_____ Advancing a grade level.

_____ Did not request full amount previously.

_____ Declining other financial aid. Please specify other aid declined:

_____ Other. Please specify: _____

Signature: _____

Date: _____

Employee Initials _____

Northern State University
1200 S. Jay St. | Aberdeen, SD 57401
northern.edu

Financial Aid Office
605-626-2640 | Fax 605-626-2587
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