SOUTHWEST
MINNESOTA STATE UNIVERSITY

FINANCIAL AID

2026-2027 Federal PLUS Loan Authorization

To borrow a PLUS Loan parent **MUST** complete this form AND the Federal Direct PLUS Loan Master Promissory Note online at www.studentaid.gov

Student Information:

Name: _____ Date of Birth: _____ Student ID: _____

Email Address: _____ Phone Number: _____

Borrower (Parent) Information:

Parent Borrower's Name: _____

Parent's Date of Birth: _____ Parent's Social Security Number: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____Email Address: _____

Loan Information:

Amount you wish to borrow: $_____

Check below for how you want this loan to be processed:

☐ Fall & Spring	☐ Fall Only	☐ Spring Only	☐ Summer

Parent Borrower Certification

I authorize the Financial Aid Office at Southwest Minnesota State University (SMSU) to certify and submit my Federal PLUS Loan application. I understand that the SMSU Financial Aid Office will determine my maximum PLUS Loan eligibility and will submit the application for the lesser of the amount I request or the amount for which I am eligible.

I further authorize the University Cashier at SMSU to electronically endorse and apply the PLUS Loan funds to my student's account to pay any outstanding educational charges for the loan period. If excess funds remain after all SMSU charges are paid, my student will receive the refund through direct deposit, provided a direct deposit for is on file. If a direct deposit form is not on file, SMSU will issue a paper check payable to the student and mail it to the student's local address. If this arrangement is not acceptable, I understand that I must contact the SMSU Cashier at 507-537-7117.

My signature below also authorizes the SMSU Financial Aid Office to perform a credit check to determine my eligibility for a Federal PLUS Loan. I understand that if a parent borrower is denied the PLUS Loan, the dependent student may become eligible for additional Unsubsidized Direct Loan funds and will be required to authorize those additional funds.

Parent Signature: _____ **Date:** _____

☐ Check here if you are turning this form in for PLUS denial purposes.

Telephone 1-507-537-6281 | Toll-Free 1-800-642-0684
1501 State Street, Marshall MN 56258-1598 | www.SMSU.edu