**Missouri State University-West Plains**

**2023-2024 Fall/Spring Bankruptcy, Default, Loan Over Limits, Discharged Loans**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: (Last) (First) (M.I.) Bear Pass #

**COMPLETE ALL SECTIONS (blue or black ink)**

Complete this form if you, the student, are requesting a review of your financial aid eligibility due to the following issues: Bankruptcy, Default, Loans over limits, or Discharged Loans. Do not complete this form if you have not yet registered for classes or if you wish to reduce/cancel loan funds.

**Section A: REASON FOR REQUEST**

I am requesting a review of my financial aid eligibility for the following reason *(select one)*:

**BANKRUPTCY:**

I am currently in active Bankruptcy. I have attached a letter from my attorney stating my Federal Student Loans will not be discharged.

My Bankruptcy has been discharged and I have attached a letter from my attorney stating my Federal Student Loans were not discharged. I have signed a new Master Promissory Note on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(date MPN signed)* after bankruptcy was discharged on \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**DEFAULT:**

I have attached a current letter from my servicing agency stating that my Default status has been resolved

**LOANS OVER LIMITS:**

I previously received additional Unsubsidized student loans due to Parent PLUS Loan denial

I have exceeded Aggregate Loan limits and am requesting a review of my student loan status

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISCHARGED LOANS:**

Previously discharged and requesting to reinstate Title IV financial aid. I have attached a **Physician’s Statement of Condition**

Other *(specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B: STUDENT CERTIFICATION STATEMENT and SIGNATURE**

**By providing my signature, I agree to provide the information requested. I understand that reinstatement of Title IV financial aid is not guaranteed.**

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 *Student’s Physical Signature (electronic/typed signatures not accepted) Date*