



Northeastern Illinois University Financial Aid, Scholarships and Student Employment

5500 North Saint Louis Avenue • D Building Room 200 • Chicago, IL 60625-4699 • 773-442-5016 • Fax: 773-442-5040
Financial-aid@neiu.edu • neiu.edu/financial-aid • Check your financial aid status at neiuport.neiu.edu

2024-2024 Parent Loan for Undergraduate Students (PLUS) Request Form

APPLICANT INFORMATION

STUDENT NEIU ID NO. _____ STUDENT NAME _____

PARENT SOCIAL SECURITY NUMBER _____ - _____ - _____ BIRTH DATE ____/____/____

PARENT NAME (include middle initial) _____

PARENT LEGAL STATE OF RESIDENCY _____ SINCE ____/____/____

PARENT CITIZENSHIP STATUS (please check): _____ U.S. Citizen _____ Permanent Resident

PERMANENT MAILING ADDRESS: _____
City _____ Zip Code _____

PARENT DRIVER'S LICENSE NUMBER: _____ TELEPHONE NUMBER: () _____

ENROLLMENT

Please check each semester that the student plans to enroll at Northeastern. Next to each semester checked, list the number of credit hours that the student expects to register during that semester (an average course is 3 credit hours). The anticipated enrollment directly affects the student's Cost of Attendance. Review the Parent PLUS Loan Guide (www.studentaid.gov) for more information.

_____ Fall 2023 _____ (credit hours) _____ Summer 2024 _____ (credit hours)
_____ Spring 2024 _____ (credit hours)
Deadline: November 9, 2023 *Deadline: July 5, 2024*
Deadline: April 5, 2024

NOTE: A FREE Application for Federal Student Aid or FAFSA and a minimum of six credit hours are required. If enrollment status changes, this application will need to be reevaluated and the amount of the loan may be reduced.

LOAN REQUEST

FOR 2023-2024, THIS IS MY: _____ First Request _____ Second Request _____ Third Request

Amount of PLUS Requested: \$ _____ [Not to exceed Cost of Attendance reflected in NEIUport]

Completed Direct Loan Entrance Loan Counseling Session: Yes (Required: www.studentaid.gov)

Completed electronic Master Promissory Note: Yes (Required: www.studentaid.gov)

My signature below reflects that I have provided accurate information, I am not in arrears on any Federal Pell Grant overpayment, and I am not in default on any student loans.

Parent Signature _____ Date _____

COST OF ATTENDANCE ESTIMATION

Tuition based on full-time enrollment (12 credit hours). Fees include parking and U-PASS fees (can be waived).

CATEGORY	DEP STD Two Semesters
Estimated Tuition	10,090
Estimated Fees	2,010
Books & Supplies	2,400
Transportation	1,692
Personal Expenses	5,526
Living Expenses(with parents)	5,040
NEST Shared Bedroom	7,744
NEST Individual Bedroom	9,742
Cost of Attendance (excl. NEST)	26,758

Do not mail this worksheet to the U.S. Department of Education.
Submit this worksheet to the Financial Aid Office at Northeastern Illinois University.
5500 North Saint Louis Avenue (D-200)
Chicago, Illinois 60625-4699
Telefax: 773-442-5040
Email: Financial-Aid@neiu.edu