LNNP25



WAYNE STATE UNIVERSITY | Office of Student Financial Aid

The Welcome Center • 42 West Warren • P.O. Box 2340 • Detroit, MI 48202-0340 • Fax: 313-577-6648 studentservice@wayne.edu • Check your aid status at academica.wayne.edu

2024-25 Certification Form - Federal Unsubsidized Loan only

Student's First Name		WSU Student ID #	
Student's Last Name		Phone Number	
Dependent students may be eligible to receive a limited amount of Federal Direct Unsubsidized loan without providing parent information on the FAFSA in the following circumstances:			
If your parents do not support you financially and are unwilling to provide their information on the FAFSA			
a dependency overiride. If ap Dependency Override Appea	nstance that prevents you from contact proved you may be eligible for additional Form along with a personal statement mation is not in itself a reason for a department of the province of the	al aid. Request a revie and supporting docu	ew of your status by submitting the uments. Independent living and/or
base loan limits below, and d dependent students whose p	idized loans by completing a 2024-25 F. o not qualify for the additional unsubsicarents are unable to borrow a Federal Fid or scholarships. Half-time enrollmen	dized which is availab PLUS Loan. There is n o	le to independent students and o eligibility for Federal Pell grant or
Grade Level 1 \$5 Grade Level 2 \$6	bsidized Loan Limits for Dependent stu ,500 ,500 ,500	dents without Paren	t FAFSA Data:
have not financially support	amed student, am not providing financi ed the student since Free Application for Federal Student Ai	d (FAFSA).	lay/year). I refuse to provide any
Parent Name	Parent Signature (signature must be	nandwritten with ink or si	tylus) Date
If a parent signed above, you do not need to complete this section for Third-Party Certification. Third-Party CERTIFICATION: I certify that to the best of my knowledge the parent of the above-named student is not providing financial support to the student and will not do so in the future. The parent has not financially supported the student since			
Print Third-Party Name	Relationship/Association to student		
Third-Party Signature (signature	must be handwritten with ink or stylus)		 Date
REQUIRED student signature: I	certify that the information provided on thi	s form is true and com	plete.
	gnature must be handwritten with ink or stylus)	Dat	e: