University of Cincinnati College of Medicine
Grad PLUS Loan Request Form
2017-18 Academic Year

Name (please print): ________________________________________________

Student ID: M_____________________________________________

2017-18 Class Year (please circle): M1 M2 M3 M4

I request a Grad PLUS loan in the amount of:

Fall 2017 / Spring 2018 $________________________

If you are an M2 or M3, would like $1,000 of the above amount to be allocated to summer 2018? (Please circle) Yes or No

Federal Direct PLUS loans are subject to an origination fee of 4.276% which is automatically deducted from the amount you fill-in above. Students who borrow up to the maximum amount for the year can request an additional amount equal to this fee percentage to be added onto the loan. CAUTION: This will result in a larger loan, but if you would like to add the 4.276%, please initial here: ____________.

You have the right to cancel or reduce the above loan at any time.

Grad PLUS loans are made through the Direct Loan Program, which is administered by the U.S. Department of Education. You have online access to your federal student loan account at the Direct Loan Servicing Center: www.studentaid.ed.gov.

Signature:________________________________________Date:__________________________________

Return this form to:

Financial Aid Office
University of Cincinnati
College of Medicine
mdfinaid@uc.edu
P.O. Box 670552
Cincinnati, OH 45267-0552