

UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE

PRIVATE EDUCATIONAL LOAN REQUEST

I request that the University of Cincinnati College of Medicine certify a private educational loan to cover all or some portion of my cost of attendance. In making this request, I have read and understand the information printed below.

I understand the Federal Direct Student Loan Program offers borrowers the following terms and conditions.

1. Government standards concerning the quality of loan servicing.
2. Flexible repayment plans, including several income-driven repayment options.
3. Mandatory Internship/Residency Forbearance of payments if requested by the borrower.
4. Discharge of the loan in the event of the death or disability of the borrower.
5. The possibility of loan forgiveness in the Public Service Loan Forgiveness Program or in the income-driven repayment plans.

I understand private educational loans are subject to the following terms and conditions.

1. On variable rate loans, the interest rates can increase over time.
2. The loans could be sold by the lender to another entity.
3. The servicing of the loans could change from one entity to another.
4. My deferment and repayment options are specified in the promissory note for the loan.

I request College of Medicine Financial Aid Office certify a private educational loan

Name of Lender: _____

Amount of Loan: _____

Name (please print): _____

Signature: _____

Date: _____