University of Cincinnati College of Medicine
Grad PLUS Loan Request Form
2018-19 Academic Year

Name (please print): _______________________________________________________

Student ID: M___________________________________________________________

2018-19 Class Year (please circle): M1 M2 M3 M4

I request a Grad PLUS loan in the amount of:

Fall 2018 / Spring 2019 $__________________________

If you are an M2 or M3, would like $1,000 of the above amount to be allocated to summer 2019? (Please circle) Yes or No

Federal Direct PLUS loans are subject to an origination fee of 4.264% 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 4.264%, 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