

University of Cincinnati College of Medicine
Grad PLUS Loan Request Form
2019-20 Academic Year

Name (please print): _____

Student ID: M _____

2019-20 Class Year (please circle): M1 M2 M3 M4

I request a Federal Direct Grad PLUS loan in the amount of:

2019-20 Total Amount: \$ _____

Attention M2 & M3 students:

The first \$2,000 of the amount you fill in above, will automatically be allocated to the summer 2020 term. If you do not want this allocation, please contact our office.

Federal Direct PLUS loans are subject to an origination fee of 4.248% 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 4.248%, please initial here: _____

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:

Mail: Office of Student Financial Services / University of Cincinnati College of Medicine
P.O. Box 670552 / Cincinnati, OH 45267-0552

Email: MDFinAid@uc.edu

Fax: (513) 558-1100