



College of Medicine - Student Financial Services

Application for Federal Direct Graduate PLUS Loan

B043 Graves Hall
333 West 10th Avenue
Columbus, Oh 43210
Phone (614) 292-8771
Fax (614) 688-5455

STUDENT NAME: _____

OSU ID#: _____

INTRODUCTION

Eligibility Restricted to students in graduate programs and the Colleges of Dentistry, Law, Medicine, Optometry, Pharmacy (PharmD only), and Veterinary Medicine Only

Eligibility:

To be eligible for this loan, you must meet ALL of the following criteria:

- Have a completed FAFSA on file for the current academic year
- Be accepted for enrollment in a degree-granting program
- Be enrolled at least half-time in a courses leading to a graduate or graduate/professional degree
- Not be in default on any type of federal student loan or owe repayment on a federal student grant

- **Must Pass a mandatory credit check – NOTE: subsequent loan requests that occur 90 days after an initial credit check has been performed are subject to an additional mandatory credit check**

Loan Terms:

- 7.9% fixed interest rate (interest accrues from the time of disbursement)
- 2.5% origination fee (initially 4% with a instant 1.5% rebate) is deducted prior to each disbursement
- Loans are automatically place into in-school deferment based on at least half-time enrollment (the first payment will begin 45 days after the deferment ends)

CHECK BELOW

- _____ Completed a Graduate PLUS Master Promissory Note online at <http://www.studentloans.gov> (1st time Borrowers only)
- _____ Completed online Graduate PLUS Entrance Counseling at <http://www.studentloans.gov> (1st time borrowers only)
- _____ Confirm that you have read the Borrowers Rights and Responsibilities <http://www.direct.ed.gov/pubs/plusrights.pdf>

LOAN PERIOD INFORMATION

Academic Year (Please check only one):

- Summer 2010 - Spring 2011 Summer 2011- Spring 2012

Academic Terms: The financial aid year begins with summer and ends with spring. Please indicate all terms for which you want the loan to apply.

- Summer Autumn Winter Spring

College / School (Please check one):

- GRAD DEN LAW MED OPT PHP VMED

LOAN AMOUNT

TOTAL amount you wish to borrow: \$ _____

- This is my **initial** request.
- This is an **additional** request.

AUTHORIZATION

CHECK BELOW

BY CHECKING THIS BOX, I UNDERSTAND THAT THIS FORM WILL SERVE AS MY AUTHORIZATION TO PERFORM THE CREDIT REVIEW.

Your signature authorizes the U.S. Department of Education to initiate a mandatory credit review for the Graduate PLUS Loan. You will be notified in writing of the results of the credit check. Graduate PLUS Loan funds are applied directly to the student's University Statement of Account. Any funds remaining after all charges have been paid will be refunded to the student. Please note that in the case of a credit denial, you will be afforded the opportunity to secure an endorser for your loan. Forms will be sent to you in the case of denial, or can be requested by calling 1-800-848-0979.

Student Signature (required)

Date

The Office of Student Financial Aid uses your personal information only to administer financial aid; we do not sell or rent this information to others. We have security programs, policies, and procedures that protect your information from unauthorized use or disclosure. See our full privacy policy at <http://sfa.osu.edu/notices/privacy.asp>.