**Applicant for Federal Direct Graduate PLUS Loan**

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

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**The Ohio State University**

College of Medicine
Office of Student Financial Services
B043 Graves Hall
333 West 10th Avenue
Columbus, Ohio 43210
Phone: (614) 292-6771
Fax (614) 688-5455

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**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 courses leading to a graduate or graduate/professional degree
- Not be in default on any type of federal student loan or owe a repayment on a federal student grant
- Pass a mandatory credit check
- Complete a Graduate PLUS Master Promissory Note online at: Studentloans.gov
- Complete online Graduate Plus Entrance Counseling at: Studentloans.gov

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**Loan Terms:**
- 7.9% fixed interest rate (interest accrues from the time of disbursement)
- 4% origination fee deducted from the loan prior to each disbursement
- Loans are automatically placed into in-school deferment based on at least half time enrollment (The first payment will begin 45 days after the deferment date ends)

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☐ CHECK HERE TO CONFIRM YOU HAVE READ THE BORROWERS RIGHTS AND RESPONSIBILITIES


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**Academic Year:** ___________________________(The academic year begins in summer and ends in spring.)

**College/School:** GRAD  DEN  LAW  MED  OPT  PHP  VMED (Please circle one)

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**Borrower Information:** (Please print)

Last Name ___________________________ First Name ___________________________ MI OSU ID __________________

**TOTAL amount you wish to borrow:** $ ___________________________

(including prior requests for this academic year)

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

**Authorization:**

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 a denial, or can be requested by calling 1-800-848-0979.

X ___________________________

Student Signature (required) Date ___________________________

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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