Grad Plus Loan Request Form
2010-11 Academic Year

Name (please print): ________________________________

2010-11 Class Year (please circle): UC I UC II UC III UC IV

Please check box 1 OR box 2 below.

Box 1
I request a Grad PLUS loan in the amount of: $___________

OR

Box 2
______ I request my maximum eligibility in the Grad PLUS loan for this academic year.

CAUTION! If you check this box, you will receive a Grad PLUS loan equal to your cost of attendance less your subsidized and unsubsidized Stafford loans and any institutional aid you receive. Be sure you want a loan of this size.

You have the right to cancel or reduce the above loan at any time.

The University of Cincinnati College of Medicine is a Direct Lending School. You will borrow your Grad PLUS loan directly from the federal government. You have online access to your federal student loan account at the Direct Loan Servicing Center: www.dl.ed.gov

Signature: ___________________________ Date: ___________________________

Return this form to:

Financial Aid Office
University of Cincinnati
College of Medicine
P.O. Box 670552
Cincinnati, OH 45267-0552