University of Cincinnati College of Medicine
Grad Plus Loan Request Form
2013-14 Academic Year

Name (please print):

2013-14 Class Year (please circle):  M1  M2  M3  M4

I request a Grad PLUS loan in the amount of: $____________

Grad PLUS loans cannot exceed your cost of attendance minus all other financial assistance.

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.myedaccount.com

Signature: ___________________________ Date: ___________________________

Return this form to:
Financial Aid Office
University of Cincinnati
College of Medicine
P.O. Box 670552
Cincinnati, OH 45267-0552