University of Cincinnati College of Medicine

Unsubsidized Stafford Loan Request Form
2013-14 Academic Year

Name (please print):

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

Please complete box 1 OR box 2 below.

Box 1

I request my maximum eligibility in the Unsubsidized Stafford Loan for this academic year.

OR

Box 2

I request an Unsubsidized Stafford loan in the amount of: $$

Students must apply for an Unsubsidized Stafford Loan of at least $8,500 before they will be considered for additional financial assistance from the College of Medicine.

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

Unsubsidized Stafford 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