MUSC
Medical University of South Carolina

Changing What's Possible

2021-2022 Federal Direct Stafford Loan Request

Borrower Information:

First and Last Name: _____

PVID, or Last 4 of SSN: _____

Please select your college:

☐Dental Medicine ☐Health Professions ☐Pharmacy
☐Graduate Studies ☐Medicine ☐Nursing

We will process you for the maximum Federal Direct Stafford Loans, for which you are eligible, unless you indicate otherwise below:

☐Please do not process me for the maximum Federal Direct Stafford Loans for which I am eligible. I would like to borrow a total of $ _____ in Federal Direct Stafford Loans for the 2021-2022 academic year.

I hereby authorize the Office of Student Financial Aid at Medical University of South Carolina to obtain and forward to appropriate agencies any and all credit information needed to process my application. I recognize that any financial aid assistance is to be used for educational expenses. If I withdraw, reduce the number of hours taken during a semester or take a leave of absence, I will promptly notify the Office of Student Financial Aid of my change in status. I also agree to inform the Office of Student Financial Aid of any scholarships, grants, or awards I receive from sources other than those awarded through the Office of Student Financial Aid at any time during the academic year.

Signature: _____ **Date:** _____

Email: _____

Office of Student Financial Aid
45 Courtenay Drive, MSC 203, Charleston, SC 29425 | 843-792-2536 | FAX 843-792-6356 | finaid@musc.edu