MUSC
Medical University of South Carolina

Changing What's Possible

2023-2024 Federal Direct Graduate PLUS Loan Request

This loan is for Graduate students only.

Borrower Information:

First and Last Name: _____

PVID, or Last 4 SSN: _____

Please select your college:

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

Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

Please select the amount of Federal Graduate PLUS Loans would you like to be processed for below. *(Note: if later in the term you wish to request more, and you are not at maximum, you may do so. You may also complete paperwork to return excess funds)*

☐Please process me for $_____ in Federal Graduate PLUS loans at this time.
☐Please process me for the maximum allowed Federal Graduate PLUS loans.

By signing below, I consent to the US Department of Education and its agents obtaining a report of my credit and using the information from that report in determining whether to grant a Direct Grad Plus loan to me. I understand that I will be notified in writing of the results of the credit check with respect to my loan application. If my Direct Grad Plus loan application is denied due to adverse credit, I may choose to appeal the credit decision or obtain an endorser directly with Federal Direct Loans at: https://studentloans.gov. I recognize that any financial aid assistance is to be used for educational expenses only. If I withdraw, reduce the number of hours taken during a semester or take a leave of absence, I will promptly notify the Financial Aid Office of my change in status. I also agree to inform the Financial Aid Office of any scholarships, grants or awards I receive from sources other than those awarded through the Financial Aid Office at any time during the academic year. I am not in default on a federal student loan or have made satisfactory arrangements to pay it. I do not owe money back on a federal grant or have made satisfactory repayment arrangements to pay it.

Signature: _____ **Date**: _____

Email: _____

Office of Student Financial Aid
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