



Changing What's Possible

2024-2025 Federal Direct Stafford Loan Request

Borrower Information:

First and Last Name: _____

PVID, or Last 4 of SSN: _____

Please select your college:

Dental Medicine

Graduate Studies

Health Professions

Medicine

Pharmacy

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 2024-2025 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: _____