



Changing What's Possible

## Federal Direct Parent PLUS Loan Authorization Form

### Student Information:

First and Last Name: \_\_\_\_\_

PVID, or Last 4 SSN: \_\_\_\_\_

Please select your college:

Health Professions

Nursing

### Parent PLUS Loan Information:

The Parent PLUS Loan is a federal Direct Loan made **in the parent's name** for the educational expenses of his or her dependent child enrolled at least six hours at The Medical University of South Carolina. Persons eligible to apply for the Parent PLUS loan are: the student's biological parents, adoptive parents, and, in some cases, stepparents. Legal guardians are not eligible.

Before considering a parent's application for a Parent PLUS Loan, The Medical University of South Carolina must receive and verify the results of the Free Application for Student Aid (FAFSA) submitted by the student for whom the Parent PLUS Loan is being requested.

All loans are subject to Cost of Attendance limitations. No awards may be made to a student who has reached the limit of his/her financial aid budget. If additional resources are received by the student after loans have been awarded, the loans may be reduced and funds returned to the U.S. Department of Education.

In addition to this form, you must complete a Direct PLUS Loan master promissory note online at [www.studentloans.gov](http://www.studentloans.gov).

### Authorization to Credit Student Account & Release Excess Funds:

By my signature below, I the parent borrower certify that I will use any funds I receive from this application solely for expenses related to the aforementioned student's attendance at The Medical University of South Carolina. By my signature, I authorize any Federal Direct PLUS Loan funds to be credited to the student's account and any excess funds to be issued to the student. I understand that I may rescind this authorization at any time by providing a written notice of my wish to cancel to the Medical University of South Carolina's Office of Student Financial Aid; effective upon receipt.

Unless rescinded, this authorization remains in effect for future disbursements as long as the student is enrolled at The Medical University of South Carolina.

### Repayment Responsibilities:

By my signature below, I the parent borrower certify I understand that the PLUS Loan will be in my name and I will be responsible for repayment. Repayment will begin 60 days after the full amount borrowed for a school year has been disbursed, unless I have requested, and been granted, a deferment by the Federal Direct Loans office.

Parent's Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Borrower's Relationship to Student:

Biological Parent

Adoptive Parent

Stepparent

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_