JHU ID#_____
For office use only

2012 – 2013
Federal Direct Graduate PLUS Loan Request Form

_____ _____

Student's Name (Please Print) Date of Birth (MM/DD/YYYY)

Loan Information

Please indicate the loan period to which you wish to apply your loan:

- □ Academic Year 2012-2013 (Fall and Spring Semesters: this loan will be disbursed in equal installments each semester)
- □ Spring Semester Only

Loan Amount Requested $ _____ .00

Consent to Obtain Credit Report

I consent to the U.S. Department of Education and its agents obtaining a report of my credit record and using the information from that report in determining whether to make a Direct 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.

Borrower (Student)

_____ ( ) _____
Social Security Number Phone Number (day time)

_____
Email Address

Check below the ONE option you would choose in the event your Graduate PLUS application is denied due to results of your credit check:

- □ Use an endorser (credit worthy co-signer
- □ Take no further action

The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you. The authority for collecting the information requested on this form is §451 et. seq. of the Higher Education Act of 1965. Your disclosure of this information is voluntary. However, if you do not provide this information, you cannot be considered for a Direct Graduate PLUS Loan.

_____ _____
Signature of Borrower Date

Return This Form To:

Student Financial Aid Services
School of Medicine
Reed Hall – Suite 427
1620 McElderry Street
Baltimore, MD 21205-19110
FAX: (410) 614-3730

Financial Aid Office Staff Use Only

Approved:_____
Approved Amount:$_____
Declined:_____

Staff Initials:_____
Date:_____