



University of the Incarnate Word
Office of Financial Assistance
2009-2010 Graduate PLUS Loan Request Form

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 Last Name First Name Middle Initial UIW Student ID
**List your name as it appears on your Social Security Card*

 Driver's License Number and State Date of Birth Home/Cell Phone Number(s)

 Street Address City State & Zip Code Email Address

ELIGIBILITY INFORMATION:

Graduate students are eligible for Federal Stafford Loans in the following amounts. Subsidized Stafford loans do not accrue interest during an eligible enrollment or deferment period, but accrue interest at 6.8% fixed thereafter. Unsubsidized Stafford loans have a fixed interest rate of 6.8%, which is lower than the Direct Graduate PLUS Loan interest rate of 7.9%. You should utilize all Federal Stafford loan eligibility before requesting a Graduate PLUS loan.

Loan Type	Subsidized Stafford	Unsubsidized Stafford	Total
Yearly Maximum	\$8,500.00*	\$12,000.00**	\$20,500.00
Aggregate Maximum	\$65,500.00*	\$73,000.00**	\$138,500.00

*Students who are not eligible for the yearly maximum of Subsidized Stafford due to need restrictions may receive their remaining yearly eligibility amount as Unsubsidized Stafford funds.

**Pharmacy students are eligible for a total yearly Unsubsidized amount of \$24,500.00, with an aggregate of \$224,000.00.

**Optometry students are eligible for a total yearly Unsubsidized amount of \$32,000.00, with an aggregate of \$224,000.00.

LOAN REQUEST INFORMATION:

Requested Loan Amount \$ _____ (You must provide an actual dollar amount. Do not list "full" or "max.")

Please choose one option below for your expected enrollment, and the loan's disbursement dates:

Fall/Spring (Preferred; Disbursed ½ in Fall, ½ in Spring) **Fall only** (You will need to reapply for Spring) **Spring only**

*If you choose Fall only or Spring only, we will certify only the amount you are eligible for in that smaller enrollment period.

CONSENT TO OBTAIN A CREDIT REPORT AND CERTIFICATIONS:

I certify by signing below that:

- 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 grant a Direct PLUS Loan to me. I understand I will be notified in writing of the results of the credit check with respect to my loan application.
- The information submitted for review is true and correct to the best of my knowledge.
- I am not in default on a federal student or parent loan, or have made satisfactory arrangements to pay it.
- I do not owe money back on a Federal student grant, or have made satisfactory arrangements to pay it.
- I understand that per Federal regulations, the Graduate PLUS loan disbursement will be applied to my student account. Any resulting refund will be sent to me either by paper check or direct deposit (must be set up through the UIW Business Office.)

Student Signature: _____ Date: _____

For Office Use Only

<input type="checkbox"/> Form entered on RRAAREQ: DGPLUS ('S')	<input type="checkbox"/> Loan Certified (Create Loan App, RPALORG updated)
<input type="checkbox"/> Credit Reviewed in COD. Date: ____/____/____	<input type="checkbox"/> If approved, DGMPN added to RRAAREQ ('E')
<input type="checkbox"/> Credit Outcome: [Approved] or [Denied]	<input type="checkbox"/> Origination accepted (RPALORG, 1-2 business days)
Credit Expires: ____/____/____ (90 days from review)	<input type="checkbox"/> Loan Disbursed
<input type="checkbox"/> Follow-up email sent: <input type="checkbox"/> MPN or <input type="checkbox"/> Appeal option	<input type="checkbox"/> Reminder email sent: ____/____/____
<input type="checkbox"/> Award updated (DENY, or CERT)	<input type="checkbox"/> Completed by: _____