Federal Direct PLUS Loan Request Form
2017-2018 Academic Year

Student Section

Class of:_____

STUDENT NAME:_____ **STUDENT ID:**_____

Loan Amount
You can borrow up to your cost of attendance minus any other Financial Aid Awards.

TOTAL amount requested: $_____

☐ Initial Request   ☐ Additional request

Note: Subsequent loan requests that occur 90 days after an initial credit check has been performed are subject to an additional mandatory credit check.

Authorization

Your signature authorizes the U.S. Department of Education to initiate a credit review for the Graduate PLUS Loan. You will be notified in writing of the results of the credit check. See attached for additional information regarding options if denied for credit reasons.

_____   _____
Signature   **Date**

Please return form to:

KSU-CPM OFFICE OF FINANCIAL AID
6000 ROCKSIDE WOODS BLVD
INDEPENDENCE, OH 44131
Fax: 216-916-7382   Kwrigh32@kent.edu

OFFICE USE ONLY:
Credit Check Date:_____   _____**Approved**   _____**Denied**