FRANKLIN UNIVERSITY

2012-2013 FAC GPL
Image as: PLS - PLUS
Federal Direct Graduate PLUS Loan Application

Complete this form **ONLY** if you are requesting to borrow funds in addition to your Federal Direct Stafford Graduate Loan eligibility as indicated on your award letter

Student Last Name

Student First Name | 0 **Franklin Student ID** | **Date of Birth mm/dd/yy)**

Street Address: _____

City, State, Zip _____

Phone: (home) _____ (cell) _____

Eligibility: To be eligible for this loan, you must meet ALL of the following criteria:

- Have a completed FAFSA on file for the current academic year
- Be accepted for enrollment in a graduate degree-seeking program
- Be enrolled at least half-time in courses leading to a graduate degree
- Not be in default on any type of federal loan or in overpayment on any federal grant
- Pass a mandatory credit check
- Be a U.S. Citizen or eligible non-citizen
- Complete a Federal Direct Graduate PLUS Master Promissory Note online at http://dlenote.ed.gov
- Complete online Federal Direct Graduate Plus Entrance Counseling at www.dl.ed.gov

Total Amount you are requesting to borrow $ _____.
Note: This amount will be split evenly over the Academic Year indicated on your Award Letter.

❑ **By checking this box, I understand that this form will serve as my authorization to perform the mandatory credit check for the Graduate PLUS Loan.**

Authorization: Your signature authorizes the U.S. Department of Education to initiate a mandatory credit check for the Federal Direct Graduate PLUS Loan. You will be notified in writing of the results of the credit check. The loan funds are applied directly to the student's University account. Any funds remaining after all charges have been paid will be refunded to the student within 10-14 business days.. Please note that in the case of a credit denial, you will be afforded the opportunity to secure an endorser for your loan. Forms will be sent to you in the case of a denial, or can be requested by calling 1.800.848.0979.

Student Signature: _____ Date: _____

Return this form to: Financial Aid, Franklin University, 201 S. Grant Ave., Columbus, OH 43215
Fax: 614.255.9478 Email: finaid@franklin.edu

For Office Use Only:	Credit : ❑ Approved ❑ Denied		Date:	Initials:
	❑ Rtd to Imaging as PLS	❑ Rtd to RPK__	❑ FAC12GPL entered in CRI	

9.27.11