Federal Graduate PLUS Loan Application | Pharmacy

PLEASE PRINT IN DARK INK, SIGN AND DATE THE FORM AND RETURN IT TO US.

1. **Name:**_____
   Last **First** **M.I.**
2. **Social Security Number:** _____
3. **Permanent Address:** _____
   Street **City** **State & Zip Code**
4. **Phone Number:** _____
5. **Date of Birth:** _____
6. **Month and year you expect to graduate:** _____

Loan Request Statement & EFT Authorization

1. I request University of Southern Nevada to forward to my chosen lender the data required to process my application for a Graduate PLUS Loan for the enrollment period indicated.
2. I am requesting a loan up to the amount indicated below, or the lesser amount for which I am eligible to borrow.
3. I understand that the lender will perform a credit check and base the final approval of my loan upon the credit check.
4. I understand that there is a government -mandated 3% processing fee on the Graduate PLUS loan, which does not include any other fees that the lender may charge.
5. I understand that in order to obtain a loan through this process I must complete a promissory note, which contains my promise to repay the loan, and submit this form to the lender.
6. I understand that the Master Promissory Note may also cover borrowing in future years if I choose the same lender.

Requested Loan Amount:

Graduate PLUS Loan: $_____

1. I authorize University of Southern Nevada to apply Title IV Loan funds to any and all charges incurred by me.
2. I also authorize application of these funds to my current year balance, if any.
3. I authorize Title IV Loan funds to be credited to my Student Account by Electronic Funds Transfer (ETF).
   Yes _____ **No** _____

Lender's Name: _____ **Lender's Code #:** _____

_____ I have previously borrowed a Graduate PLUS Loan from USN and from this lender.

Student's Signature_____

Date_____