

2910 BEDFORD AVE. BROOKLYN, NEW YORK 11210. TELEPHONE (718) 951-4785. FAX (718) 951-4778

WILLIAM D. FORD FEDERAL DIRECT **GRADUATE PLUS** LOAN PROGRAM

The following requirements must be met before submitting a Graduate PLUS Loan application, please read carefully:

- ✓ Must File a 2013-2014 FAFSA
- ✓ Must have completed any Verification requirements
- ✓ Must be registered for at least six (6) credits within their division
- ✓ Must be a matriculated student
- ✓ Must have received their maximum limit in unsubsidized loans for the academic year

If a Graduate PLUS Loan application is received with any missing information, your application will be returned.

After the Graduate PLUS Loan is requested:

✓ Must sign a Master Promissory Note (MPN) at <u>studentloans.gov</u>



OFFICE USE ONLY	•
Collection date	
In-person (initial)	
Fax/Email (initial)	
Mail (initial)	

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Last Permanent Addr	F	irst	MI	•	No	
Permanent Addr						
	ess	Apt#		City	State	Zip
Day Area Code/	Telephone No			Date of Birth	//	<u>Y</u>
E-mail Address _						
• Requested loar	for less than the credits in amounts are divided into Summer session one:	o equal, but separate		ements according t		n periods.
	Summer session two:				14: credi	ts
Have you receive	Amount: \$ed your maximum limit ir o before applying for Dire	CATE DOLLAR AM	OUNT for the 2	2013-14 academic y	vear? □ Yes □ No	
Employer's Nam	_			rea Code/Telepho	ne No.	
understand that by a understand that, with disbursement that is be added to the prince	D all loan amounts disbursed un ccepting any disbursement issue hin certain timeframes, I may ca issued. Unless I make interest pa cipal balance of the loan. If I do nated	ed at any time under this a ncel or reduce the amoun ayments, interest that ED not make a payment on a	application t of a loan charges or loan made her fees. I	 I agree to repay the loby refusing to accept on my loan during deferrunder this application 	oan associated with that by returning all or a po- ment, forbearance, or oth when it is due, I will als ation before reading it i	disbursement. I ortion of any her periods will to pay reasonable n its entirety,

Office of Financial Aid

_____ Date _

Student's Signature _