UNIVERSITY OF PITTSBURGH SCHOOL OF DENTAL MEDICINE GRADUATE PLUS APPLICATION FORM

Office of Financial Aid

2114 Salk Hall, Pittsburgh, Pa 15261 Phone: 412-648-9806 ~ Fax: 412-648-9571

Completion of this form is required so that a credit check can be completed through the Department of Education. A student interested in borrowing Graduate PLUS loans will receive notification regarding his/her approval or denial through Direct Lending.

A Graduate PLUS loan cannot disburse until you complete the following:

- University of Pittsburgh School of Dental Medicine Graduate PLUS Application Form
- FOR FIRST TIME BORROWERS: "Entrance Counseling" at https://studentloans.gov (if you haven't done so already)

 FOR FIRST TIME BORROWERS: The Master Promissory Note (MPN) for a Graduate PLUS loan (after receiving confirmation that your credit check has been approved/or if you haven't done so already) at https://studentloans.gov

Student Information:		
Please print clearly – Incomplete and illegible forms will be returned unprocessed.		
Last Name:	_ First Name:	_ MI:
PeopleSoft ID:	or Last 4 digits of SSN:	_
Date of Birth://		
Loan Amount: I wish to borrow the following amount \$ for the 2015—2016 Academic Year. The financial aid office will request that half be disbursed toward fall charges and the second half will be disbursed toward spring charges.		
Credit checks will be performed no earlier than 90 days prior to the start of the loan period.		
By my signature, I authorize the University of Pittsburgh to initiate a credit check for a Direct PLUS loan through the Department of Education. I certify that all of the above information is complete and correct. Student Signature Date		

Return this form with your award letter to:
Office of Financial Aid
University of Pittsburgh School of Dental Medicine 2114 Salk Hall
3501 Terrace Street
Pittsburgh, PA 15261

or: Fax this form to (412) 648-9571

You should keep a copy of loan applications and promissory notes for your records.