## 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 <a href="https://studentloans.gov">https://studentloans.gov</a> (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 <a href="https://studentloans.gov">https://studentloans.gov</a>

| 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 2018—2019 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 |                            |       |
| 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: Email to taw 63@pitt.edu or Fax this form to (412) 648-9571

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