



CARDINAL STRITCH UNIVERSITY

2016-2017 Graduate PLUS Loan Request and Authorization Form

To apply for a Graduate PLUS Loan, students must complete this form and submit it to the Cardinal Stritch University Financial Aid Office. Please answer all questions in their entirety. Incomplete forms will be returned and will delay the processing of the PLUS loan. Please print clearly.

Student's Name: _____			Student's SSN: _____	
Last	First	MI		
Address: _____				
Street	City	State	ZIP Code	
Phone #: (____) _____			Date of Birth: _____	
Driver's License: _____				
Number	State			
Citizenship Status (Select One):				
<input type="checkbox"/> U.S. Citizen				
<input type="checkbox"/> Permanent Resident or Other eligible non-citizen				
Alien Registration #: _____				
<input type="checkbox"/> None of the above				
Are you currently in default on an educational loan?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you owe a refund on a federal student grant overpayment?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Amount of PLUS Loan requested for the 2016-2017 academic year: \$ _____
<i>Funds will be disbursed equally between all semesters/payment periods.</i>

I certify that the above information is accurate and correct to the best of my knowledge.

I acknowledge that I must pass a mandatory credit check performed by the U.S. Department of Education and its agents in order to receive Federal PLUS Loan funds.

I am also authorizing Cardinal Stritch University to make payment to my student's account with the Federal PLUS funds for the costs of tuition and fees, room and board (if applicable) and other current charges for educationally related activities.

Student Signature

Date