



## SUMMER 2008 GRADUATE PLUS REQUEST FORM

The University of Kansas Office of Student Financial Aid <a href="http://www.financialaid.ku.edu">www.financialaid.ku.edu</a>	Strong Hall 1450 Jayhawk Blvd., Room 50 Lawrence, KS 66045-7535	Phone: (785) 864-4700 Fax: (785) 864-5469 Email: <a href="mailto:financialaid@ku.edu">financialaid@ku.edu</a>
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**Please complete and submit this form to the Office of Student Financial Aid (OSFA). Incomplete information will delay the processing of this request.**

First Name	Last Name	MI	KUID Number
Address	City	State	ZIP
Phone	E-mail Address		
Anticipated Graduation Date (MM/YYYY)	Major		

**TOTAL AMOUNT REQUESTED:**

**\$ \_\_\_\_\_ This field must indicate a dollar amount.**

*NOTE: You will be awarded the amount requested, unless the total amount request exceeds cost of attendance. The amount awarded cannot exceed cost of attendance.*

**Certification Statement on Refunds, Default, and Credit Check**

This Graduate PLUS loan will be processed through the Direct Loan Servicing Center. If you have questions or would like to select a different lender, please contact the OSFA.

I authorize the U.S. Department of Education and its agents to obtain a report of my credit record and use the information from that report in determining approval or denial of this Graduate PLUS loan request.

I certify I do not owe a refund on any grant or loan, am not in default on any loan or have made satisfactory arrangements to repay any defaulted loan, and have borrowed in excess of the Federal Title IV loan limits at any institution.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_