

In order to request a Federal PLUS Loan, the graduate student must complete this form and return the completed "SCHOOL COPY" to Samford University, Office of Financial Aid, 800 Lakeshore Drive, Birmingham, AL 35229. Allow 3-4 weeks for processing. Federal regulations require that loan funds be credited to your student account no earlier than 10 days prior to the first day of class. Failure to SIGN and complete ALL sections (1-3) will delay the processing of your loan. You may fax this form to 205-726-2738.

Section #1 BORROWER INFORMATION

1. Last Name	2. First Name	3. MI	4. SU ID# 9	5. Social Security # - -
6. Permanent Street Address			7. Home Telephone Number () -	
8. City	9. State	10. Zip		11. Date of Birth / /19
12. I am enrolled in the following program during the loan request period (✓ only <i>one</i> that applies to you):				
<input type="checkbox"/> 4th year Pharmacy <input type="checkbox"/> 1-3 year Pharmacy <input type="checkbox"/> Divinity <input type="checkbox"/> 1st year Law <input type="checkbox"/> 2/3 year Law <input type="checkbox"/> Nursing <input type="checkbox"/> Education <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Dual Degree (Specify) _____				
13. All loan periods listed below require separate loan request forms. I would like to request a loan for the following loan period (✓ only one):				
<input type="checkbox"/> FALL & SPRING (RECOMMENDED FOR MOST BORROWERS) <input type="checkbox"/> Fall Only <input type="checkbox"/> Spring Only Are you graduating FALL 2007? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Jan Term <input type="checkbox"/> Summer Term (<i>classes beginning June 2007 and ending August 2007</i>) <input type="checkbox"/> Summer I only <input type="checkbox"/> Summer II only				

Section #2 REQUESTED LOAN AMOUNT: Choose either Option #1 or Option #2 (✓ only one).

<input type="checkbox"/>	OPTION #1. Based on the amounts shown on my award letter for the term that I have indicated above, I would like to request the <u>maximum</u> Federal PLUS Loan for Graduate Students available to me for the 2007-2008 academic year.
<input type="checkbox"/>	OPTION #2. I would like to request <u>less</u> than the maximum amount awarded to me for the 2007-2008 academic year. I would like to borrow the following amount for the term I have indicated above: \$ _____

Section #3 LENDER: Please select a lender by placing a check in the box below. The lenders listed below are preferred lenders due to exemplary products and services. You may compare the products and services of these preferred lenders on our website at www.samford.edu/admin/finaid. You may choose to borrow from another lender by providing the lender name below. Please note that disbursement delays may occur with non preferred lenders due to manual processing. (If a lender is not designated, the Office of Financial Aid will select one from the preferred lender list).

<input type="checkbox"/> NELLIE MAE – 829076	<input type="checkbox"/> SOUTHWEST STUDENT SERVICES – 830630	<input type="checkbox"/> NATIONAL EDUCATION – 830628
<input type="checkbox"/> Other - If you choose to borrow from another lender please enter that lender name and code here: _____		

By signing my name below, I understand that all information listed above is valid.

STUDENT SIGNATURE: _____ DATE: _____

SCHOOL INFORMATION: (to be completed by the Office of Financial Aid)

Date Certified: ____/____/____	FA	LOAN ID	LOAN PERIOD
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