

Please complete and submit this form to:

Office of Student Financial Assistance

104 Fairchild Hall

office: (785) 532-6420

Manhattan, KS 66506-1104

fax: (785) 532-7628

k-state.edu/sfa

toll-free: (877) 817-2287

finaid@k-state.edu

Student Information

Legal Last Name

Legal First Name

Middle Initial

Wildcat Identification Number

Permanent Street Address

Date of Birth

City

State

ZIP Code

Home Phone Number

K-State Email Address

I request \$ _____ in a Federal Direct Graduate PLUS Loan to be utilized during the following loan period:

Fall 2012/Spring 2013 Fall 2012 only Spring 2013 only

(Your Graduate PLUS Loan will be processed for the loan amount requested OR the loan amount accepted on your award notification, whichever is less.)

I consent to the U.S. Department of Education and its agents to obtain a report of my credit record and to use the information in the report to determine my eligibility for a Federal Direct Graduate PLUS Loan.

Yes No

I have completed the online entrance counseling session at <https://studentloans.gov>

Yes No

The information I have provided above is true and complete to the best of my knowledge. I also verify that I have reviewed the Federal Direct Graduate PLUS Loan information found at <https://studentloans.gov>

Signature of Student

Date