2014-2015 Additional Funds Request Form

Last Name __________________________________________ First Name ________________________________

College you are attending:

☐ Health Professions  ☐ Dentistry  ☐ Graduate Health  ☐ Medicine  ☐ Nursing  ☐ Pharmacy

Complete your 9-digit UTHSC ID Number: 885___________

Enter your UTHSC e-mail address: __________________________@uthsc.edu

Loan Requested:

☐ Graduate PLUS Loan- By requesting a Graduate PLUS Loan, I consent to the U.S. Department of Education and its agents to obtain my credit report to determine eligibility. I understand that I will be notified in writing of the results of the credit check with respect to my loan application.

☐ Direct Subsidized/Unsubsidized Stafford loan

☐ Other: __________________________

Loan Amounts Requested: If you are requesting a loan for more than one term, the amount you are requesting MUST be divided evenly over the terms you requesting the funding. NOTE: You MUST post a dollar amount. Please do NOT post “Maximum” in spaces provided below.

_______________________ Amount Requested for Fall Term

_______________________ Amount Requested for Spring Term

_______________________ Amount Requested for Summer Term

You should visit www.nslds.ed.gov to identify your federal student loan servicer(s)

Please note that once you have identified your specific federal student loan servicer(s), you can establish an online account immediately with them to monitor the amount of total federal student loans you have borrowed in undergraduate, graduate, and professional school.

IMPORTANT: Students who are borrowing their first UTHSC Federal Unsubsidized/Subsidized Stafford OR their first UTHSC Federal Graduate PLUS loan, are required to complete a Master Promissory Note as well as an Entrance Counseling session at www.studentloans.gov. If you have completed a promissory note and/or entrance counseling session at another school you are still required to complete these two items if this will be your first time borrowing federal loans at UTHSC. Completing these items as soon as possible will allow for your loan to disburse as soon as possible if you are approved.

I understand that this is a request only and that I will be notified by the UTHSC financial aid office in the next 7-10 days by UTHSC email of my eligibility for this additional loan request.

Signature of Borrower: ______________________________ Date: ______________________________

Return form to:
University of Tennessee Health Science Center, 910 Madison Ave, Ste 520, Memphis, TN 38163
Scan or email form to fao@uthsc.edu or Fax to 901-448-1570