

# 2010-11 Aid Year Grad PLUS Loan Request

Student Full Name \_\_\_\_\_

Student ID Number **T#** \_\_\_\_\_

Fall 2010 \_\_\_\_\_ Spring 2011 \_\_\_\_\_ Summer 2011 \_\_\_\_\_

Requested Loan Amount \$ \_\_\_\_\_

**The Student/Parent eligibility may require the certified loan amount to be less than the requested loan amount.**

Credit Check Authorization  By checking this box, you are authorizing Southern Utah University to run a credit check on your behalf to determine Grad PLUS Loan eligibility.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please fill out and bring back to the Financial Aid Office or fax to (435) 586-7736*