

University of Massachusetts Medical School

Federal Direct Grad PLUS Loan

Federal Direct Grad PLUS Loan Overview

- Graduate students may participate in the **Federal Direct Grad PLUS loan** program. *Students must first use their maximum **Federal Direct Unsubsidized Stafford Loan** eligibility prior to borrowing the Grad PLUS Loan.* Under this federally guaranteed loan program, graduate students may borrow up to the total cost of attendance (as determined by the Office of Financial Aid) less any other financial aid. Students must meet all other federal eligibility requirements to qualify for this loan.
- Borrower must be credit worthy, as determined by the absence of adverse credit on credit history. This loan requires a credit evaluation that is less stringent than a private loan and offers an endorser option for borrowers who do not meet the federally mandated credit criteria. All new Federal Grad PLUS Loans have a fixed interest rate of 7.6%. Accrual of interest begins at disbursement.
- There is no grace period and the loan will come due 60 days after the last disbursement. Students in an in-school status and enrolled at least half time will automatically receive an in-school deferment.
- You will be required to sign a separate Master Promissory Note for your Grad PLUS loan. Grad PLUS Loan borrowers are required to complete a FAFSA. You will also be required to complete Federal Direct Grad PLUS online entrance counseling.
- There is a loan origination fee which is reduced from the total amount of the loan at the time of disbursement.
- Borrower must be a US citizen or permanent resident and must be making satisfactory academic progress towards a degree. The borrower must not be in default on any prior educational loans.
- Grad PLUS Loans are made to cover fall and spring semester costs. The loan funds are disbursed (minus origination fees) in 2 equal payments, ½ for the fall semester and ½ for the spring semester.
- The maximum repayment term is 10-25 years. Prospective borrowers may receive additional repayment options information by contacting the **[Https://studentloans.gov/myDirectLoan/index.action](https://studentloans.gov/myDirectLoan/index.action)**
- If a Grad PLUS Loan is borrowed, and the borrower is subsequently totally, permanently disabled or deceased, the loan is forgiven.
- How to apply: Complete the **Federal Direct Grad PLUS Loan Request Form** and return it to:

**Office of Financial Aid
University of Massachusetts Medical School
55 Lake Avenue North
Worcester, MA 01655**

University of Massachusetts Medical School

Federal Direct Grad PLUS Loan Instructions

Thank you for your interest in the **Federal Direct Grad PLUS Loan Program**. In order to review your eligibility and process this loan, you must complete this **THREE** step process.

| | |
|---------------------------------------|--|
| ONE | Complete the Federal Direct Grad PLUS Loan Request Form. This will authorize the U.S. Department of Education, University of Massachusetts Medical School or its agents to perform a review of your credit. Promptly mail, scan or fax the completed form to UMMS Office of Financial Aid. Incomplete and illegible forms will be returned unprocessed. You will receive notification of the credit decision from the U.S. Department of Education. |
| TWO New Applicants only | Complete the Federal Direct Grad PLUS Loan Master Promissory Note (PLUS MPN) online at https://studentloans.gov/myDirectLoan/index.action . The Federal Grad PLUS Loan MPN is designed for borrowers to use as a multi-year note. The Federal Grad PLUS Loan MPN is valid and may be used to process subsequent Federal Grad PLUS Loans for up to 10 years after the date that the original Federal Grad PLUS Loan MPN is signed. Grad PLUS Loan borrowers should complete the MPN no earlier than 90 days from the start of the academic year in which they are borrowing. |
| THREE | Complete the online Federal Direct Grad PLUS Loan Entrance Counseling. The online counseling must be completed before any disbursement of Federal Direct Grad PLUS Loan funds. NOTE: All new applicants must complete an entrance interview. The entrance interview can be completed by logging in to the Direct Loan website: https://studentloans.gov/myDirectLoan/index.action |

Completed **Federal Direct Grad PLUS Loan Request Forms** may be mailed, faxed, scanned or delivered to:

Office of Financial Aid
University of Massachusetts Medical School
55 Lake Avenue North S1-844
Worcester, MA 01655

Fax: 508-856-1899

If you have any questions, please contact the Office of Financial Aid at:

Telephone: 508-856-2265
Toll free: 1-877-210-2238
financialaid@umassmed.edu

University of Massachusetts Medical School 2019-2020

FEDERAL DIRECT GRAD PLUS LOAN REQUEST FORM

| | | |
|-----------------------|--------------------|------------------------|
| Last Name: | First Name: | Middle Initial: |
| Local Address: | | |
| City: | State: | Zip code: |
| Date of Birth: | Student ID: | |
| SSN#: | Phone: | |

LOAN AMOUNT REQUESTED (Please make only one selection below):

I wish to borrow **LESS than the maximum** amount of Federal Direct Grad PLUS Loan for which I am eligible.

\$ _____ * (specify the NET loan amount you are requesting)

The US Department of Education charges a loan origination fee which will **automatically be deducted** from the loan amount requested at the time of disbursement. You may request that the Office of Financial Aid calculate this fee, and add it to the NET loan amount that you are requesting above. I authorize the Office of Financial Aid to calculate and add the origination fee on the NET loan amount requested above.*

Student Signature

Date

I wish to **borrow the maximum** amount of Federal Direct Grad PLUS Loan for which I am eligible, as determined by the Office of Financial Aid. I understand that the US Department of Education charges a loan origination fee that will **automatically be deducted** from the loan amount requested at the time of disbursement.

Student Signature

Date

DISBURSEMENTS: GradPLUS loans will be divided in **two equal disbursements for the fall and spring semesters**, unless the applicant requests otherwise. If you would like to request an alternate disbursement schedule, please indicate below:

\$ _____ Fall 2019 \$ _____ Spring 2020 \$ _____ Summer 2020

All requests for an alternate disbursement schedule must be reviewed and approved by the Office of Financial Aid. Applicants will be contacted, in writing, within 5-10 business days with a determination.

CERTIFICATIONS: I, the graduate student borrower, consent to the U.S. Department of Education, University of Massachusetts Medical School, and its agents to obtain a report of my credit record and use the information from that report in determining whether to award a Federal Direct Grad PLUS Loan to me. I understand that I will be notified in writing by the U.S. Department of Education of the results of the credit check in respect to my loan application. I, the graduate student borrower, certify that I will use any funds I receive from this application solely for expenses related to the aforementioned student's attendance at the University of Massachusetts Medical School.

Student Signature

Date

The Privacy Act of 1974 (5 U.S.C.552a) requires that the following notice be provided to you. The authority for collecting the information requested on this form is §451 *et seq.* of the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. However, if you do not provide this information, you cannot be considered for a Direct PLUS Loan. The information on this form will be used to determine your eligibility for a Direct PLUS Loan. The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12, 1994, *Register Federal*, Vol. 59 p. 17351) and "National Student Loan Data System" (originally published on December 20, 1994, *Federal Register*, Vol. 59 p. 65532). Thus, this information may be disclosed to federal and state agencies, private parties such as relatives, present and former employers and creditors, and contractors of the Department of Education for purposes of administration of the student financial assistance program, for enforcement purposes, for litigation where such disclosure is compatible with the purposes for which the records were collected, for use by federal, state, local, or foreign agencies in connection with employment matters or the issuance of a license, grant, or other benefit, for use in any employee grievance or discipline proceeding in which the Federal Government is a party, for use in connection with audits or other investigations, for research purposes, for purposes of determining whether particular records are required to be disclosed under the Freedom of Information Act, and to a Member of Congress in response to an inquiry from the congressional office made at your written request. Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) provides that, in order to receive any grant, loan, or work assistance under Title IV of the HEA, as student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loan(s) so that data may be recorded accurately.

OFFICE USE ONLY:

| | | |
|---------------------------------------|------------------------------|--------------------------|
| Origination Fee: _____ | MPN expiration date: _____ | POE: _____ |
| Processed date COD: _____ | Loan amount processed: _____ | Stafford loan amt: _____ |
| Decision date: _____ | Original decision: _____ | Aggregate limits: _____ |
| PLUS Loan Reconsideration flag Y or N | Endorser amount: _____ | Endorser name: _____ |

