Boston University 2020/2021 Federal Graduate PLUS Request Form

I, the **student borrower**, authorize the U.S. Department of Education to check my credit history for the purpose of determining my eligibility for the Federal Graduate PLUS loan for the 2020/2021 academic year and to report information about my loan eligibility to persons and organizations permitted by law to receive that information. I understand that I will be notified in writing of the results of the credit review with respect to my loan application. **Default Certification:** If you are in default on any loan received under the Direct Loan, the Federal Family Education Loan or the Federal Perkins Loan Programs (including the National Direct Student Loans), you are not eligible to receive a Graduate PLUS Loan unless you have made satisfactory repayment arrangements with the loan holder to repay the amount owed. Check the box below to certify that you meet this requirement. ✓ I am not in default on a loan received under the programs listed above, or if I am in default, I have
made satisfactory arrangements with the loan holder to repay the amount owed. Loan Amount Requested: \$\frac{4,000.00}{\text{, which will be divided in equal installments for the Fall 2020}}, which will be divided in equal installments for the Fall 2020 and Spring 2021 semesters. Approximate net reduction of 4.236% loan fee will be deducted from the Loan Amount. I, the student borrower, understand my responsibility to provide the Boston University Financial Assistance with the following: Fall 2020 6 Number of credits: Any funds anticipated for 2020/2021 from a source other than this loan: Source Direct Unsubsidized Loan Amount \$ 12,000.00 Source Amount \$ PLEASE PRINT FULL LEGAL NAME EXACTLY AS IT APPEARS ON THE PROMISSORY NOTE. Kaleigh **Bronson** 07 Student's Student's Student's Student's Date of Birth First Name Middle Initial Last Name (mm/dd/yyyy) Student's Citizenship Status (check one)

(1) U.S. Citizen or National (2) Permanent Resident or Other Eligible Non-Citizen If (2), alien registration No. Student's Permanent Address:

2260 N 550 W

Street Name Cedar City Utah 84721 City State 4355902716 kaleighfaithbronson@gmail.com

Student's Phone Number Student's Email Address

By my signature below I acknowledge that the above information is true and correct. I understand that I must notify the Financial Assistance Office regarding any and all changes to the above information. I understand that changing my enrollment may reduce or eliminate my eligibility for a Federal Graduate PLUS Loan.

U50061143 Signed Electronically 7/19/2020 **BU Identification Number** Date: