

Graduate/Professional Students and Residents



Federal Direct Loan Tuition/Fees Only Request

Financial Aid Offices

11 Sunset Way Henderson, NV 89014

10920 S. River Front Parkway South Jordan, UT 84095

Phone: 702.968.1635 Fax: 702.968.1631

Phone: 801.878.1031 Fax: 801.878.1331

Email: financialaid@roseman.edu

| Student Information | | |
|---------------------------|--|-------------|
| Student Last Name: | Student First Name: | Student MI: |
| SSN (last 4 digits only): | Program: <input type="checkbox"/> Pharmacy Class of _____ <input type="checkbox"/> AEODO Class of _____ <input type="checkbox"/> DMD Class of _____ <input type="checkbox"/> MBA Class of _____ | |

There are 2 different types of counseling to be completed at www.studentsloans.gov at different points in your enrollment at Roseman. Please use the following list to determine which counseling you must complete.

1. Entrance Counseling – All borrowers must complete this prior to borrowing your FIRST Grad PLUS Loan
 - a. If you have previously borrowed a Federal Direct Loan, you are exempt from this requirement
2. Financial Awareness Counseling – We encourage everyone to complete this each year AFTER your first year (not your first year)

I understand that I must request a Grad PLUS Loan at www.studentloans.gov by selecting “Apply for a PLUS Loan” under the Graduation/Professional Students section. The U.S. Department of Education will review my credit report and use that information to determine my eligibility for a Grad PLUS loan. The U.S. Department of Education will notify me in writing of the results of the credit check and the approval status of my application.

LOAN AMOUNT REQUESTED*

- I request only enough to cover my tuition, fees and health insurance at Roseman University. Please check one item below so we can calculate the amount needed to cover your direct costs.
- I am planning to purchase student health insurance from Roseman University and would like loans to cover it, OR
- I have other health insurance and plan to waive out of the Roseman University health insurance program and I do not need loans to cover that fee

****I understand I have the right to cancel all or a portion of my loan by notifying the Financial Aid Office in writing before the start of the loan period or within 14 days from receipt of the notice of disbursement.***

You must contact the Financial Aid Office if your Grad PLUS loan is **denied** as a result of your credit check. I understand that if I am unable to secure an Endorser (creditworthy cosigner), I will be responsible for the balance of my tuition and fees.

I authorize Roseman University of Health Sciences to apply my Direct Loan funds to my current year balance, if any. I certify that all information on this form is complete and accurate.

Borrower Signature

Date