

Office of Student Financial Assistance Lucas Administration Center 416 Nunn Drive Highland Heights, KY 41099 Office: 859-572-5143 Fax: 859-572-6997 ofa@nku.edu

REQUEST FOR GRADUATE PLUS 2017 - 2018

Student Name (last, first)	Please Print	Student ID Number
	LOAN PERIOD	
Check One:		
Academic Year*	_Y Spring ONI	_Y Summer
*Loan amounts for an academic year loan will be divided	between the fall and spring semesters.	
\$ Graduate	Plus	
·		
	CERTIFICATION	
I authorize Northern Kentucky Univers information pertinent to this loan (e.g.		
Loan recipients who drop below half time enrollme of Student Financial Assistance for further details.	nt are subject to a cancellation of subse	quent loan disbursements. Contact the Office
Student Signature	Phone Number	Date
Per phone request	_	
	Staff Reviewed	OR OFFICE USE ONLY Process Date:
		Initials
	□Fax	
	□E-Mail	Initials