

Office of Student Financial Assistance Lucas Administration Center 416 Nunn Drive Highland Heights, KY 41099 Office: 859-572-5143

Office: 859-572-5143 Fax: 859-572-6997 ofa@nku.edu

REQUEST FOR GRADUATE PLUS 2019 - 2020

Student Name (last, first)	Please Pri	nt S	Student ID Number
	LOAN PERIO)D	
Check One:			
Academic Year*	ONLY	Spring ONLY	Summer
*Loan amounts for an academic year loan will be divided between the fall and spring semesters.			
\$ Grad	uate Plus		
	CERTIFICATION	ON	
I authorize Northern Kentucky Uni information pertinent to this Ioan			cation, any requested
Loan recipients who drop below half time en of Student Financial Assistance for further de		llation of subsequent loan	disbursements. Contact the Office
Student Signature	Pr	none Number	Date
☐ Per phone request		taff Reviewed lail Initials	CE USE ONLY Process Date:
	□F; □E	ax -Mail	Initials