

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

Office: 859-572-514 Fax: 859-572-6997 ofa@nku.edu

REQUEST FOR GRADUATE PLUS 2024-2025

Student Name (last, first)	Please Print	Student ID Number
	LOAN PERIOD	
Check One:		
☐ Academic Year* ☐ Fall ONLY	☐ Spring ONLY	Summer
*Loan amounts for an academic year loan will be divided betw	een the fall and spring semesters.	
\$ Graduate Plu	IS	
	CERTIFICATION	
I authorize Northern Kentucky University to information pertinent to this Ioan (e.g. enrolloan recipients who drop below half-time enrollment are of Student Financial Assistance for further details.	ollment status, current address	s).
Student Signature	Phone Number	Date
☐ Per phone request	FOR (OFFICE USE ONLY Process Date:
☐ Per email request	□Stail Reviewed □ Initi	