

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

REQUEST FOR GRADUATE PLUS 2025-2026

Student Name (last, first)	Please Print	Student ID Number	
	LOAN PERIOD		
Check One:			
☐ Academic Year* ☐ Fall ON	LY Spring ON	NLY Summer	
*Loan amounts for an academic year loan will be divide	d between the fall and spring semesters.		
\$ Graduate	e Plus		
	CERTIFICATION		
I authorize Northern Kentucky Universinformation pertinent to this loan (e.g.			ested
Loan recipients who drop below half-time enrollm of Student Financial Assistance for further details		sequent loan disbursements. Contac	ct the Office
Student Signature	Phone Numbe	Date	
☐ Per phone request		FOR OFFICE USE ONLY	
☐ Per email request	□Staff Reviewed □Mail □Fax	Б Б (
	□E-Mail		Initials