

# 2019-20 Graduate Loan Request Form

Student Name: \_\_\_\_\_ Student CWID: \_\_\_\_\_

Class of: 20\_\_\_\_ Year in Program: \_\_\_\_\_ Degree:  Masters  EMBA/MS

Program: \_\_\_\_\_

## 1. Application Check List:

- Free Application for Federal Student Aid - FAFSA\*** - School Code: G04762
- Credit Check Authorization Form** (only if you are also requesting a Graduate PLUS loan)
- Loan Entrance Counseling** – complete online for Unsubsidized and/or Grad PLUS loans (required before 1<sup>st</sup> loan)  
Note: WCM is listed as “Joan and Sanford Weill Medical College of Cornell University.”

**You may submit WCM forms via email to: [finaid@med.cornell.edu](mailto:finaid@med.cornell.edu)**

## 2. Anticipated Enrollment Status: (e.g. semesters or trimesters depending on your program)

Term	Full-time	Part-time	No. of Credits
Fall	<input type="checkbox"/>	<input type="checkbox"/>	
Spring	<input type="checkbox"/>	<input type="checkbox"/>	
Summer	<input type="checkbox"/>	<input type="checkbox"/>	

## 3. Loan Type Request:

### **Federal Direct Loans**

- a. Unsubsidized (Graduate degree maximum limit per academic year is \$20,500)
- b. Graduate PLUS (Supplemental loan up to full COA - Credit check authorization required)

Loan Type	Loan Amount Requested
Unsubsidized Loan	\$ _____
Graduate PLUS Loan	\$ _____

### **Private Loan – Notification & Request for Certification**

If you have applied for a student loan through a private bank of your choice, please provide lender name and amount you have requested. Ensure that your loan application reflects the correct enrollment and academic year for your program.

Lender: \_\_\_\_\_ Loan Amount: \$ \_\_\_\_\_

*\*FAFSA application must be filed with a permanent U.S. address - International addresses are not acceptable.*

## **CERTIFICATION & SIGNATURE**

I understand that in order to receive any federal loans, I must be making satisfactory academic progress. I further understand that the submission of false or misleading information on any financial aid forms can result in the cancellation of all aid and may subject me to disciplinary action in accordance to WCM standards of conduct.

STUDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Return completed form to the Office of Financial Aid, 1300 York Avenue, C-114 or email to: [finaid@med.cornell.edu](mailto:finaid@med.cornell.edu)