

Yale SCHOOL OF NURSING

Office of Financial Aid

Authorization to Process a Federal Direct Graduate Plus Loan Academic Year 2022-2023

400 West Campus Drive
Orange, CT 06477
PO Box 27399
West Haven, CT 06516-9072

T 203-737-1790
T 203-737-3868
F 203-436-9761
nursing.yale.edu
ysnfinancialaid@yale.edu

YOU ARE AUTHORIZING A CREDIT CHECK

Directions: Form must be completed in black or blue ink to be processed. Completed applications may be emailed to YSNfinancialaid@yale.edu, faxed to 203-436-9761 or mailed to Office of Financial Aid, Yale School of Nursing, P.O. Box 27399, West Haven, CT 06516-9072

First Name:	Middle Initial:	Last Name:
Student ID Number#:	NetID:	
Section 1: Disclosure		
Please note that by signing this form, you are authorizing the U.S. Department of Education (USDE) to investigate your credit record. The Graduate PLUS loan will show as an anticipated credit on your billing account when the loan is preapproved by USDE and the master promissory note (MPN) has been e-signed. Instructions for e-signing your MPN will be sent to you once your credit has been approved.		
Section 2: Desired Amount		
For each academic year, you may borrow up to - but not more than - the school's cost of attendance, minus the amount of other financial assistance that you receive.		
<p>1. I want to borrow the maximum Direct PLUS Loan amount for which I am eligible, as determined by the school: <input type="checkbox"/></p> <p>2. I would like to request a specific loan Amount: \$ _____</p> <p>3. Term(s) for which you are applying: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Full Year</p>		
Section 3: Certification		
Signature _____		Date _____
I hereby certify that the information given is true and complete. I agree to notify the Financial Aid Office immediately of any changes and understand that my aid may change as a result.		