

UC SAN DIEGO HEALTH SCIENCES FINANCIAL AID OFFICE
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2023-2024 FEDERAL DIRECT AND GRAD PLUS LOAN REQUEST FORM

A note for new SOM or SSPPS borrowers: Students who have never received a Direct Loan from UCSD SOM or SSPPS will need to complete and electronically sign a new Master Promissory Note (MPN) at the Federal Student Aid website at: <https://studentaid.gov/app/launchMpn.action>. When selecting the school from the dropdown school list, please select **Univ. of Calif. San Diego, Health Sciences**. A separate Direct Grad PLUS MPN must be signed by students applying for the Direct Grad PLUS Loan.

Name: _____ UCSD Student ID# (if known) _____

Medical Student Pharmacy Student Class Level in 2023-2024: _____

ALL STUDENTS - PLEASE CHOOSE:

FEDERAL DIRECT UNSUBSIDIZED Loan \$ _____

The Direct Unsubsidized Loan starts to accrue interest as soon as the loan is disbursed and has a 6-month grace period before repayment. The current interest rate is 7.05% effective until July 1, 2024 and the current origination fee is 1.057% effective until October 1, 2024.

FEDERAL DIRECT GRADUATE PLUS Loan \$ _____

The Direct Grad Plus Loan starts to accrue interest as soon as the loan is disbursed and has a 6-month grace period before repayment. The current interest rate is 8.05% effective until July 1, 2024 and the current origination fee is 4.228% effective until October 1, 2024.

WAIVER OF MANDATORY HEALTH INSURANCE:

Indicate if you will be applying for a waiver of your mandatory health insurance fees for any of the following quarters:

FALL QTR. 2023

WINTER QTR. 2024

SPRING QTR. 2024

Please note: Waiver of Mandatory Health Insurance must be applied for through the Student Health Insurance Office.

I understand that before I receive this money all University charges to my account, excluding any voluntary fee pledges, must be paid or I must use these funds to pay the charges. I understand that any loan proceeds remaining after my charges are paid may be disbursed from the Student Financial Services Office in accordance with UCSD's distribution procedures.

Signature: _____

Date: _____