

**2024-25 GRAD PLUS Loan Accept Form**

**Student Information**

Student’s Last Name Student’s First Name Student’s ID Number

Primary Modality (check one):  Campus  Online

**Grad Plus Loan Information:**

 I would like to ACCEPT the following Grad PLUS loan amounts for the current academic year.

You must select the terms and enter exact amounts below.

|  |  |
| --- | --- |
| 24 Fall Semester Gross Amount | $ |
| 25 Spring Semester Gross Amount | $ |
|  | |
| Total Gross Loan Amount Loan Amount | $ |

**Additional Information**

* **An origination fee will be taken from the gross accepted loan amount by your loan servicer. The amount you enter on this form will not be the exact amount you see on your student bill. Please adjust amounts accordingly.**

By signing this document, I certify that I have read this form in its entirety and that the information on this form is accurate and complete.

Student Signature:

Date:

Return completed form to: Arizona Christian University, Attn: Enrollment Management Specialist

1 W firestorm Way Glendale AZ 85306 Or Fax to (602) 489-5307