

Please read carefully and sign below.

I authorize the St. Andrews University Billing Office to use the proceeds of this requested PLUS Loan to offset the charges for tuition, fees, room and board (comprehensive fees) and any other educational expenses for the current academic year.

Please indicate below the order in which you would like the remaining proceeds (refunds) to be distributed:
(Ex. 1, 2)

____ Any remaining proceeds from this loan are to be issued to the student for their use during the semester.
(Student must complete a refund request form from the Business Office.)

____ Any remaining proceeds from this loan are returned to me, the borrower.
(Please contact the Business Office at 910-277-5225 after this loan has been disbursed.)

____ I want any remaining proceeds returned to the U.S. Department of Education and applied to the principal loan balance. (Please contact the Office of Financial Aid after this loan has been disbursed.)

____ Funds up to the amount of \$ _____ per semester are to be issued to the student for the purchase of books and supplies. Students must complete a **Book Charge Request** form in the Business Office.

By signing this authorization form, I hereby give my consent to St. Andrews University to initiate electronic loan processing for the 2013-2014 academic year and to receive those funds through electronic transfer.

In addition, I give my consent to St. Andrews University to obtain a credit decision. I understand the U.S. Department of Education will obtain a credit bureau report for the purposes of making a determination of whether I meet federal credit eligibility requirements for a Direct PLUS Loan.

Student printed name: _____

Parent printed name: _____

Parent Signature: _____ Date: _____



St. Andrews
UNIVERSITY
www.sapc.edu