

**Graduate Student Transition (GST) Loan Request**

The Graduate Student Transition Loan is a no-interest semester loan available to first semester Carnegie Mellon graduate students. The loan is made available to assist with transition cost and may not exceed 75% of the student's monthly gross salary/stipend (exclusive of tuition). The loan must be requested prior to September 15 for the fall semester and prior to January 15 for the spring semester. Loan repayment will occur in equal semi-monthly installments each semester through payroll deduction. This form should be completed and submitted to the student's department for approval. **Academic departments should submit their approved form to student-accounts@andrew.cmu.edu.**

**1. Contact Information**

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_  
Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Student Information**

Student Name: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
*Street Address, City, State, Zip*  
Andrew ID: \_\_\_\_\_ Phone: \_\_\_\_\_

**3. Terms of Agreement & Student Signature**

I am applying for a Graduate Student Transition Loan in the amount of: \$ \_\_\_\_\_  
This amount is not greater than 75% of my monthly gross salary/stipend of: \$ \_\_\_\_\_

- I understand that the loan amount will be paid to me on approval of this application. I further understand that the loan amount plus a \$25 processing fee will be deducted semi-monthly beginning with my first pay for the fall semester or my first pay for the spring semester.
- I will be responsible for making these payments to my student account should they not be deducted from my salary/stipend or if my employment appointment is terminated prior to December 31 of this year for fall semester loans or May 15 of next year for spring semester loans.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Handwritten Signature Required)*

**4. Organization's Payroll Administrator Approval**

I confirm that the above named student's gross salary/stipend is: \$ \_\_\_\_\_

Payroll Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Handwritten Signature Required)*

**Student Accounts Office Authorization**

Print Name: \_\_\_\_\_ Batch ID: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_