

Annual 'Super' Unsubsidized Maximums* by Program (may be limited by eligibility)

School of Public Health (At Least Half-Time)				
Maximum Subsidized	Maximum Unsubsidized	Max. Super Unsubsidized	Total	Amount Based on Eligibility
\$8,500	\$12,000	\$12,500	\$33,000	Half-Time = 6 Credits or More

School of Medicine (At Least Half-Time)						
Academic Year	# of Months	Maximum Subsidized	Maximum Unsubsidized	Max. Super Unsubsidized	Total	Amount Based on Eligibility
I	9.5	\$8,500	\$12,000	\$21,111	\$41,611	Half-Time = 8 Credits or More
II	9	\$8,500	\$12,000	\$20,000	\$40,500	
III	12	\$8,500	\$12,000	\$26,667	\$47,167	
IV	11	\$8,500	\$12,000	\$24,444	\$44,944	

School of Dental Medicine (At Least Half-Time)						
Academic Year	# of Months	Maximum Subsidized	Maximum Unsubsidized	Max. Super Unsubsidized	Total	Amount Based on Eligibility
I, II, IV	12	\$8,500	\$12,000	\$26,667	\$47,167	Half-Time = 8 Credits or More
III	10	\$8,500	\$12,000	\$22,222	\$42,722	

School of Dental Medicine Advanced Standing (At Least Half-Time)						
Academic Year	# of Months	Maximum Subsidized	Maximum Unsubsidized	Max. Super Unsubsidized	Total	Amount Based on Eligibility
I	10	\$8,500	\$12,000	\$22,222	\$42,722	Half-Time = 8 Credits or More
II	12	\$8,500	\$12,000	\$26,667	\$47,167	

School of Dental Medicine Post-Doc (At Least Half-Time)				
Maximum Subsidized	Maximum Unsubsidized	Max. Super Unsubsidized	Total	Amount Based on Eligibility
\$8,500	\$12,000	\$0	\$20,500	Half-Time = 8 Credits or More

*Based on projected 2011-2012 academic year calendars, subject to change.

Please check ONLY one box

I am applying for the **maximum** Subsidized/Unsubsidized amounts for which I am eligible: YES NO

I am applying for Subsidized loans only: YES

If less than the maximum amount, please list your requested amount: \$ _____

For more information or to discuss eligibility questions, please call SFS at (877) 776-6243, (617) 638-5130 or visit our office at 72 East Concord Street, School of Medicine, Room A303.

If I am a first time borrower, I understand that I must complete Entrance Counseling and a Master Promissory Note at www.studentloans.gov before these funds will be credited to my student account.

I understand that Subsidized and Unsubsidized eligibility may be limited by cost of attendance; other assistance received and/or aggregate borrowing limits. I agree that I will notify SFS if my registration status changes. I also understand that I will no longer be eligible for a Direct Loan if I am registered less than half-time. I understand that for federal funds to disburse to Boston University I must retain my social security number in my student record.

SIGNATURE: _____ DATE: _____

PLEASE PROVIDE YOUR EMAIL ADDRESS: _____

(FOR OFFICE USE ONLY)

School: _____ Class: _____ Sub:\$ _____ Unsub:\$ _____ Super Unsub:\$ _____

Academic Year (Months): _____ By: _____ Date: _____ Created: 3/4/11; Revised 3/7/11