Boston University School of Medicine
Division of Graduate Medical Sciences
72 East Concord Street, Boston, MA 02118

2019-2020 FEDERAL DIRECT LOAN REQUEST FORM

If you wish to apply for a Federal Direct Loan, complete this form and return to: Sherill Ashe, Division of Graduate Medical Sciences: 72 East Concord Street, Room L 309, Boston, MA 02118. If you have any questions about the Direct Loan Program or this form, contact the Division of Graduate Medical Sciences Office at 617-358-9513 or sashe@bu.edu.

A. I wish to apply for a Federal Direct Unsubsidized Loan in the amount of $_____
Maximum Unsubsidized Direct Loan is $20,500 per calendar year. As of July 1, 2012 the Subsidized Loan is no longer available. Eligibility may be less than $20,500 depending on your total cost of attendance minus any financial aid received (including University and outside funding).

B. Number of Credits: Fall 2019:_____Spring 2020:_____ Anticipated Grad Date:_____

C. Please indicate whether or not you plan to enroll in the Boston University student medical insurance plan. Visit www.aetnastudenthealth.com for a complete description of the student medical insurance plans. If you waive the medical insurance plan, please be aware that it may affect your loan eligibility.

Basic Plan _____ PLUS Plan _____ Will Not Enroll _____

D. **STATEMENT OF EDUCATIONAL PURPOSE & CERTIFICATION**
I will use all Title IV money received only for expenses related to my study at Boston University

Certification Statement on Refunds and Default
I certify that I do not owe a refund on any grant or loan, am not in default on any loan or have made satisfactory arrangements to repay any defaulted loan, and have not borrowed in excess of the loan limits, under Title IV programs, at any institution.

WARNING: To receive any Title IV financial aid, you must complete the Statement of Educational Purpose and Certification, Statement on Refunds and Default, and you must be registered with Selective Service, if you are required to register. If you purposely give false or misleading information, you may be subjected to a fine up to $10,000, imprisonment, for up to 5 years, or both.

E. List any funds anticipated for 2019-2020 from a source other than from the Division of Graduate Medical Sciences including veteran's benefits, tuition reimbursement, private scholarships, etc.

Source: _____ Amount: _____

F. Statement of My Responsibilities

I understand my responsibility to promptly provide to the Division of Graduate Medical Sciences Financial Aid Office the following, which may reduce my eligibility for a Direct Loan: all financial aid I receive from any source, any change in my full-time/part-time status, and any change in my degree status.

Name: _____ Social Security Number: _____
Last name First

Signature: _____ Date: _____

- By signing this form I acknowledge that I have read and agree to the above terms