**2016-17 FINANCIAL AID REQUEST MEMO**

Tufts University School of Medicine  
Financial Aid Office  
136 Harrison Avenue  
Boston, MA 02111  
Telephone# (617) 636-6574  Fax# (617) 636-3447  
Med-finaid@tufts.edu

Student Name_________________________________  Tufts ID # ________________________

Telephone # (   )_______________  Year of Graduation_____________

Please note that per federal regulations, all loan disbursements must be evenly split between semesters. Please remember that a net origination fee is deducted of 1.068% for Direct Unsubsidized Loans and 4.272% for Direct Grad PLUS loans.

I request that the Office of Financial aid:

| Increase my loan by $__________  
| Please indicate amount above is:  | □ GROSS (before fees)  or □ NET (after fees) |
| Decrease my loan by $___________ for the following semester:  | □ Fall  □ Spring  □ Summer  
| Please indicate amount above is:  | □ GROSS (before fees)  or □ NET (after fees) |
| From my:  | □ Unsubsidized Loan  □ Grad PLUS Loan  □ Other Loan (specify loan name)________________________ |

Please note: The Office of Financial Aid will only accept voluntary requests to decrease loans for the current semester IF:

1. There are funds available on your student account to return to the lender AND  
2. Your loan had disbursed less than 120 days prior to the request.  
   OR  
3. You have a future disbursement that we are able to adjust but this must be noted above by checking off the applicable semester.

Please note: It is the student’s responsibility to ensure that funds have been returned and/or disbursed. Please contact the Office of Financial Aid and/or view SIS for confirmation within 10 days of submitting.

**Federal Work Study:** Increase amount by:___________  Decrease amount by:___________  
*I understand that increasing my work study may reduce my loan eligibility*

Additional Comments:

Student Signature:_________________________________  Date____________________

DIGITAL SIGNATURE NOT ACCEPTABLE

__________________________________________________________
Financial aid office use:  
Completed by______________________________________

Revised Financial Aid Notice Sent  □  Date:____________________