ADVANCE OF FINANCIAL AID FORM

Please Print

Student Name ___________________________ ID# ________________________________
School (please circle) DN MD PHPD SK VT

Refund Delivery Method:

All Advances of Financial Aid are issued through Tufts eRefund. To avoid delays in obtaining your advance, be sure you have designated a refund disbursement method through your eBill and eRefund account (http://go.tufts.edu/ebill). If there is a problem processing your eRefund, a paper check will be mailed to your local address. For this reason, it is important for you to maintain your SIS address records. For information on updating your address please contact your Registrar. Advances and Refunds are NOT available for pick-up.

ADVANCEMENT POLICIES:

I hereby request a Financial Aid Advance in the amount of $ ________________ (All requested advances must first be approved by the Financial Aid Office.) I understand that, if approved, these monies will be advanced to me from an anticipated credit resulting from Title IV funds (Stafford, Perkins, PLUS loans), other outside lender, or sponsor after said funds are appropriated for the payment of tuition and fees.

I further understand that I will not be eligible for this advance if I do not have Financial Clearance, or if I have an unpaid balance from a previous term on my account.

Any advance I receive based upon anticipated funds must be paid back to Tufts if the expected funds are not received or if received and must be returned to the lender, sponsor, or grantor. Balances created if expected funds are not received are subject to late fines.

Student Signature ___________________________ Date __________________

Student Local Telephone Number ___________________________

Do Not Write Below This Line

Request Received By ___________________________ Date ________________ Title IV: Y N Missing

Enrollment Status: ___________ Term: _______________ Promissory Note/Entrance Counseling: Y N

Notes: __________________________________________________________________________________

_____________________________________________________________________________________

Advance Amount Approved $ ________________ Aid Officer Approval ___________________________