Tufts University School of Medicine
2019-2020 Graduate Summer Financial Aid Application

In order to request summer financial aid, you must have applied for financial aid for the 2019-20 academic year by submitting the Tufts University Graduate Financial Aid Application, and the Free Application for Federal Student Aid (FAFSA) to the financial aid office. If you did not apply for aid for the 2019-20 academic year, please visit our website for those application materials at: medicine.tufts.edu/finaid

Student Name ___________________________ Tufts ID # ___________________________

Telephone # (____) ___________________________ Expected Year of Graduation _________________

Please select the degree program in which you will be enrolled for the summer:

- MPH ❑
- HIAA ONLINE ❑
- JD/MPH Combined Degree ❑
- DMD/MPH ❑
- MS Nutrition ❑
- MS Nutrition/MPH Combined Degree ❑
- MBS ❑
- MBS/MBA ❑
- Other Degree ___________________________

Please indicate the number of credits you plan to take for each summer session. *Write ALE for MPH ALE or THESIS for MBS Thesis.

- # of credits you intend to take for a class that begins and ends entirely in Summer 1* ______________
- # of credits you intend to take for a class that begins and ends entirely in Summer 2* ______________
- # of credits you intend to take for a class that begins within Summer 1 and ends within Summer 2* ______________

* Please do not report any single class in more than one space above

If you enroll in fewer credits than you indicate on this form it may result in a reduction of your loan eligibility. YOU MUST BE MATRICULATED IN A DEGREE PROGRAM AND BE ENROLLED AT LEAST HALF-TIME OVER THE COURSE OF THE TWO SUMMER SESSIONS COMBINED IN ORDER TO RECEIVE FEDERAL STUDENT LOANS. IF YOU WILL NOT ACHIEVE HALF-TIME STATUS UNTIL THE 2ND SUMMER SESSION, YOUR DISBURSEMENT WILL NOT ARRIVE UNTIL AFTER THE 2ND SUMMER SESSION HAS BEGUN. MBS STUDENTS ENROLLED IN THEIR 2-CREDIT SUMMER THESIS ARE CONSIDERED AT LEAST HALF-TIME.

Additional Comments:
__________________________________________________________

I/We have read and understand all of the questions above and have answered them accurately, completely and to the best of my/our knowledge. I, the student, have read and understand my rights and responsibilities as a financial aid recipient. I understand that my financial aid may be adjusted if I do not make satisfactory academic progress or if other changes in my student status occur (i.e. change in enrollment). Any changes that occur after this form is signed will be reported to the Financial Aid Office immediately. By signing this worksheet, I (we) certify that the information reported to qualify for Federal student aid is correct and complete and I (we) will provide all requested documents.

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

Student Signature: ___________________________ Date ___________________________

*Warning: If you purposely give false or misleading information on any financial aid application materials, you may be fined, sentenced to jail, or both.