

# Tufts University School of Medicine

Financial Aid Office  
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## 2020-2021 PHPD Summer Financial Aid Application

In order to request summer financial aid, you must have applied for financial aid for the 2020-21 academic year by submitting the Tufts University Master's/PhD 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 2020-21 academic year, please visit our website for those application materials at: [medicine.tufts.edu/finaid](http://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  MS Nutrition/MPH Combined Degree  MS in Pain Research (PREP)  JD/MPH Combined Degree

DMD/MPH  MBS  MBS Thesis  MBS/MBA  MS in Health Communication  MS Nutrition

Other Nutrition 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 2<sup>ND</sup> SUMMER SESSION, YOUR DISBURSEMENT WILL NOT ARRIVE UNTIL AFTER THE 2<sup>ND</sup> 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.\*