

2015-16 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 loans must be evenly disbursed between semesters. Increased loan amounts requested below will be split between the fall and spring terms. Please remember that a net origination fee is deducted of 1.073% for Direct Unsubsidized Loans and 4.292% 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

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: _____