

2016-2017 Graduate Loan Request Form

Student Name: _____

Class of: 20____ Year in Program: _____

Degree: Master's PhD Certificate Program

For Master's/Certificate, please specify program: _____

1300 York Avenue
Room C-114
New York, NY 10065
T: 212.746.1065
F: 212.746.5981

I am applying for:

Federal Direct Loans:

1. **Unsubsidized** (*Guaranteed loan - Max \$20,500*)
2. **Graduate PLUS** (*Supplemental loan - Credit check required – Max amount cannot exceed your budget*)

If you checked Federal Loans, you must file & submit the checklist items to the Financial Office as soon as possible.

Submit all forms securely via the WCMC Transfer Service to finaid@med.cornell.edu: [File Transfer](#)

Note: HPR MS/PhD programs - minimum enrollment requirement for loans is **6 credits per term (e.g. trimester)**. Indicate enrollment below. If you are unsure, please contact your academic department. Currently, Certificate Programs are not eligible for federal loans.

Application Check List:

- Complete 2016/2017 [FAFSA](#)* Application/School Code: **G047262**
- Submit **Graduate Loan Request Form**
- Submit **Credit Authorization Form** (only if applying for Graduate PLUS loan)
- Copy of 2015 Tax return (if filed) or **Tax Exemption From Filing Form**
- First time borrowers at WCM, complete [Loan Entrance Counseling](#) online. This step is mandatory. WCM is listed as "Joan and Sanford Weill Medical College of Cornell University."
- Indicate Enrollment: **Minimum required: 6 credits**
___ Full-time (>8 credits) ___ Half-time (6-8 credits)
- Total federal Loan(s) amount requested (see limit above):
\$ _____

*FAFSA application must be filed with a permanent U.S. address. International addresses are not acceptable for processing of federal loans.

Private Loan - Request for Certification

If you have or will apply for a private student loan through a bank of your choice, please provide lender name and amount you have requested.

This is required for school certification of your loan request.

Lender Name: _____

Amount requested/approved: \$ _____

Loan Period requested: ___/___/___ to ___/___/___

Lender Tel No. : _____

*Enrollment/term: ___ Full-time (>8 credits) ___ Half-time (6-7 credits)

Please contact the Financial Aid Office if you would like assistance with selecting a reputable private student loan lender.

*Some lenders may have a minimum enrollment requirement. Check with your lender before applying.

OUTSIDE RESOURCES/SCHOLARSHIPS

List all outside resources & amounts you are expecting to receive for the academic year (e.g. all private scholarships, Veteran's Benefits, Military Scholarships):

HEALTH PROFESSIONS SCHOLARSHIP INTEREST FOR PHYSICIAN ASSISTANTS

Indicate if you would like to receive more information on the Health Professions Scholarship Programs (HPSP), when available, through U.S. Military service branches. The HPSP offer full tuition & fees in addition to monthly living stipends for up to 2 years. Loan Repayment Program information may also be available for graduating students. Yes No

CERTIFICATION & SIGNATURE

I understand that in order to receive any federal loans, I must be making satisfactory academic progress. I further understand that the submission of false or misleading information on any financial aid forms can result in the cancellation of all aid and may subject me to disciplinary action in accordance to WCMC standards of conduct.

STUDENT'S SIGNATURE

DATE

Return completed form to the Financial Aid Office, 1300 York Avenue, C-114
or email to: finaid@med.cornell.edu via [File Transfer](#)