

Pre-Med Preparatory Coursework Loan Request

Student's Name (please print) _____

Student ID _____

Student E-Mail _____

U.S. citizens and permanent residents enrolled at least half time (in at least 200 units), who are completing preparatory coursework necessary to apply for admission to a medical school may request additional loans up to \$12,500. The actual amount awarded is based on your actual tuition, fees, books, and housing and meals. Students may be eligible to receive the loan for one consecutive twelve (12) month period of preparatory coursework.

Students must complete the Free Application for Federal Student Aid (FAFSA) using the UChicago school code 001774. In addition to completing the FAFSA, students must complete the requested information below and have their academic advisor or an authorized person from their department, confirm the necessary preparatory courses and sign the certification.

1. If you would like us to share your information with a third party, please indicate the authorized person(s).

2. Are you an international student? () YES () NO, I am not

3. Are you a benefits-eligible employee of UChicago/Argonne/Fermi? () YES () NO, I am not

4. Please enter the amount you will receive from other resources this academic year (indicate aid year) _____
Examples: AmeriCorps, employer, College Savings Plan, Outside Scholarship, etc..)

Summer _____ Autumn _____ Winter _____ Spring _____

5. What is the loan amount you would like to borrow and for which quarter(s) and year. Attach a separate sheet if needed.

| Quarter(s) of Enrollment and Year (ex. Autumn 2024) | Grad PLUS | Unsubsidized Stafford Loan | Alternative Loan |
|---|-----------|----------------------------|------------------|
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6. List quarters for which you will enroll and each course title, number, and section. Attach a separate sheet if needed.

| Quarter(s) of Enrollment | Course Title | Course Number | Course Section |
|--------------------------|--------------|---------------|----------------|
| | | | |
| | | | |
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I certify that all information I have supplied is accurate and that the courses listed above are prerequisites for admission to medical school and are not being taken merely to increase student's GPA. I am subject to and must abide by the Satisfactory Academic Progress Policy (SAP) as outlined on the financial aid website on a quarterly basis.

Student's Name _____ Signature _____ Date _____

Advisor/Authorized Person: _____ Signature _____ Date _____

Title _____ Department _____ Phone Number _____