# FINANCIAL AID ACCEPTANCE FORM – 2008-09

**Notes**: 1. You must notify us of any Stafford Loan modifications no later than two weeks after receiving *your award letter.* ***OTHERWISE,*** *your Staffords will be certified for the amounts listed in your award letter. GradPLUS* ***will not*** *be certified until we receive this acceptance form or other communication from you.*
2. Acceptance of this financial aid package does not preclude making an appeal at a later time.

☐ I accept the enclosed financial aid package

☐ I accept the enclosed financial aid package with the following modification(s):

| **FEDERAL LOAN PROGRAMS** | **AMOUNT REQUESTED** | **LENDER NAME** *Required for new students, first time borrowers, and those switching lenders* |
|---|---|---|
| **Stafford Subsidized** | $ _____ | _____ |
| **Stafford Unsubsidized** | $ _____ | _____ |
| **Graduate PLUS** | $ _____ | _____ |

☐ **I would like to borrow the 3% fee in addition to the amount recommended on my award letter for the Graduate PLUS (check box).**

**OTHER FINANCIAL AID COMPONENT**

_____ $ _____

_____ $ _____

**OUTSIDE SCHOLARSHIPS OR LOANS NOT PREVIOUSLY REPORTED**

_____ $ _____

I agree to inform the Office of Student Financial Planning of any changes in my or my family's circumstances from what was reported on the FAFSA, the Need Access Application, or the P&S International Student and Family Questionnaire, or in subsequent correspondence. This includes a change in the number of siblings who are full-time students or a change in my marital status. I understand that any outside loan or scholarship, or academic year income must be reported.

I understand that the school's financial aid offer is based upon statutes and regulations, which are contingent upon receipt of funds from federal and other sources, which are subject to change.

Signature: _____ Date: _____

Print Name: _____ Class of: _____

SSN: _____ P&S ☐ DDS ☐ PG DENT ☐