

FINANCIAL AID ACCEPTANCE FORM – 2013-14

- Notes:** 1. You must notify us of any Stafford Loan modifications no later than two weeks after receiving *your award letter*. ***OTHERWISE***, your Stafford will be originated for the amounts listed in your award letter. GradPLUS ***will not*** be originated until we receive this acceptance form **and** the GradPLUS Credit Authorization form (which will be available after June 1, 2013)
2. Acceptance of this financial aid package does not preclude making an appeal at a later time.

I accept the current financial aid package

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

FEDERAL LOAN PROGRAMS AMOUNT REQUESTED

Direct Unsubsidized Stafford \$ _____

Direct Graduate PLUS \$ _____

If my awarded amount is not already at the annual maximum, I would like to borrow the 1.051% fee in addition to the amount recommended on my award letter for the Direct Unsubsidized Stafford (check box).

I would like to borrow the 4.204% fee in addition to the amount recommended on my award letter for the Direct Graduate PLUS (check box).

OTHER FINANCIAL AID COMPONENT, OUTSIDE SCHOLARSHIPS OR LOANS NOT PREVIOUSLY REPORTED

_____ \$ _____

_____ \$ _____

_____ \$ _____

I AM ENROLLED OR WILL ENROLL in the Columbia Student Medical Insurance Plan please include this expense in my cost of attendance

I PLAN TO WAIVE the Columbia Student Medical Insurance Plan and understand it is not included in my cost of attendance

I agree to inform SFP of any changes in my or my family's circumstances from what was reported in my application materials including 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, and are contingent upon receipt of funds from federal and other sources, which are subject to change.

Signature: _____

Date: _____

Print Name: _____

Class of: _____

UNI: _____ P&S DDS PG/AEGD IHN OT PT