



**Financial
Aid**

1115 East 58th Street
Walker 309
Chicago, IL 60637

Pre-Med Preparatory Coursework Loan Request
Academic Year _____

Student's Name (please print) _____

UC ID# _____

(Area Code) Telephone Number _____

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 room and board. 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). Be sure to add our 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? _____

3. Are you a benefits-eligible employee of UChicago/Argonne/Fermi? _____

4. Please enter the amount you will receive from other resources this academic year. (AmeriCorps, employer, College Savings Plan, etc..)

Summer _____ Autumn _____ Winter _____ Spring _____

5. What is the loan amount you would like to borrow and for which quarter(s) and year.

Quarter(s) of Enrollment and Year (ex. Autumn 2021)	Grad PLUS	Unsubsidized Stafford Loan	Alternative Loan

6. List quarters for which you will enroll and each course title, number, and section. Please attach a separate sheet you need additional space.

Quarter(s) of Enrollment	Course Title	Course Number	Course Section

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's Name _____ Signature _____

Title _____ Department _____ Phone Number _____