



FINANCIAL AID OFFICE

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Pittsburgh, PA 15282-0299
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www.financialaid.duq.edu

SUMMER 2009 FINANCIAL AID APPLICATION

NOTE: A completed 2008-2009 FAFSA is required for consideration of all financial aid. The Department of Education FAFSA submission deadline is June 30, 2009

STUDENT NAME: _____ **STUDENT ID (or last four of SS#):** _____

This form must be completed if, **and only if**, a student is applying for a Stafford, PLUS, or Alternative Loan, Pell or State Grant, and/or Federal Work-Study Employment for **Summer 2009 enrollment**. Students enrolling for summer courses, but not applying for aid, should **not** complete this form.

NOTICE TO STUDENT: Financial Aid eligibility will be determined based on the information you provide below. If you do not enroll for the summer, or enroll for a different number of credits, your aid will be adjusted or cancelled as appropriate. You will be responsible for repayment of any over-award or balance due.

School:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Education | <input type="checkbox"/> Nat./Env. Sciences | <input type="checkbox"/> SLPA (list program) |
| <input type="checkbox"/> Business | <input type="checkbox"/> Health Sciences | <input type="checkbox"/> Nursing | _____ |
| <input type="checkbox"/> CE BSPS | <input type="checkbox"/> Law | <input type="checkbox"/> Pre-Pharmacy | <input type="checkbox"/> Other (list program) |
| <input type="checkbox"/> CE Other _____ | <input type="checkbox"/> Music | <input type="checkbox"/> Pharm. D | _____ |

Class Level: Undergraduate Graduate Other _____

Housing Status: Commuter (living with parents/relative) Resident Off-Campus

Anticipated date of degree completion: _____

Do you wish to borrow a Stafford Loan for Summer 2009? No Yes If yes, amount: \$_____ (Note: Stafford Loans require enrollment of at least half-time. Loans must be certified before the last day of your summer class)

Number of summer credits to be taken at Duquesne University: _____

Will you be enrolled in a Study Abroad program this Summer? No Yes If yes, where? _____

Student's Signature: _____ Date: _____

If **all credits** will be taken at **Duquesne University** – Stop Here.

IF ANY OR ALL OF THE ABOVE NUMBER OF CREDITS WILL BE TAKEN AT A SCHOOL OTHER THAN DUQUESNE UNIVERSITY, PLEASE PROVIDE THE FOLLOWING:

Number of summer credits to be taken at **another school:** _____

Name of other School: _____

- Written statement of cost of courses, or invoice, must be obtained **from the other institution** and submitted to the Duquesne University Financial Aid Office.
- Advisor must sign below** to verify that credits to be taken at the **other school** have been discussed and that they will apply toward your Duquesne University degree provided you successfully complete the credits.

Advisor's Signature: _____ Date: _____