

# Tulane University Health Sciences Center

REQUEST FOR RECONSIDERATION OF FINANCIAL AID FOR: \_\_\_ Fall 20\_\_\_ \_\_\_ Spring 20\_\_\_ \_\_\_ Summer 20\_\_\_

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ ~ MEDICAL ~ PUBLIC HEALTH

E-Mail Address: \_\_\_\_\_ Local Phone Number: \_\_\_\_\_

Local address: \_\_\_\_\_

Expected Graduation Date: \_\_\_/\_\_\_/\_\_\_ Program / Dept: \_\_\_\_\_

Preferred method of Correspondence (check one): \_\_\_ E-mail \_\_\_ local address

**Apply now:** If you have already been awarded the maximum amount\* of Stafford loans and your Request for Reconsideration is for additional funds, then you should apply for an additional Graduate Plus or private loan as soon as you complete this form as that will expedite the arrival of your funds. If you have already applied for an additional loan, please provide the following information: loan amount applied for \$\_\_\_\_\_; Lender \_\_\_\_\_; date \_\_\_\_\_.

## Reason for Request:

\_\_\_ I have purchased a computer and request that those costs be added to my budget: **(attached receipts)**. (Maximum allowable: up to \$2,500. You may also include the cost of a printer and/or service contract. See the computer instruction sheet for specific details.

\_\_\_ I am receiving other financial assistance in the amount of \$ \_\_\_\_\_ for the \_\_\_\_\_ semester(s) (i.e. loans, grants, scholarships, stipends, military benefits, National Service Trust benefits, departmental tuition waivers, etc.)

\_\_\_ Other: Please specify in detail and attach any supporting documentation as necessary.  
NOTE: Per federal regulations credit card bills, car notes, car insurance, moving costs and other similar expenses are NOT allowable expenses for an increase of a student's financial aid budget.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I am \_\_\_ increasing \_\_\_ decreasing my hours of enrollment. I will now be taking:  
(COMPLETE BOTH) \_\_\_ hours in Fall 20\_\_\_ (yr) and \_\_\_ hours in Spring 20\_\_\_(yr)

## SUMMER

\_\_\_ I am \_\_\_ increasing \_\_\_ decreasing my weeks of enrollment. I will now be enrolled for a total of \_\_\_ hours and \_\_\_ weeks. \*\* **NOTE:** If changing your summer schedule, then please attach a copy of your schedule or confirm your complete summer schedule by listing ALL summer classes on the BACK of this form.

**Reminder:** Your enrollment status is monitored by University Financial Aid. If you enroll for less credit hours than budgeted and you receive aid based on higher enrollment costs, then we **WILL** be required to return any excess (over awarded) funds back to your lender. Such a transaction will result in your Accounts Receivable bill being charged for the amount returned.

**Important:** \*The annual Federal Stafford Loan limit is \$33,000 for public health students and \$40,500 for medical students. Private loans or federal Graduate Plus loans are available if it is necessary to borrow above these levels. Please note that private loans and Graduate Plus loans are credit based and that you must apply for additional loans through your lender.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_