INSTITUTIONAL FINANCIAL AID APPLICATION

The information you provide on this form will enable the SRC/Financial Aid Office to correctly process your financial aid application (including scholarships, grants, and loans). Please complete and return to the address below. You may also fax the form to 215-895-6903.

SRC/Financial Aid Office
Drexel University
3141 Chestnut Street
Philadelphia, PA 19104

Personal Information

1. Student Name: _____ 2. Drexel ID#: _____

3. Daytime Telephone: ( ) _____ 4. Email: _____

5. I am submitting this form: Academic Year _____ ☐ For the first time ☐ As a revised submission

Degree/Program Information

6. College/School: _____ 7. Major: _____

8. Degree: ☐ Bachelor's ☐ Master's ☐ Doctoral 9. I will finish my degree completely online: ☐ Yes ☐ No

10. Expected date of graduation: Month _____ Year _____

Credit Hours

11. To be considered a full-time student you must be enrolled for at least 12 credits (undergraduate students) or 9 credits (graduate students). To be eligible for federal loan funds, you must be enrolled at least half-time (6 credits for undergraduate students or 4.5 credits for graduate students). Students enrolled less than half-time are not eligible for most federal funds.

Please write the number of credits you plan to take each term as a quarter or semester student. If you are unsure, please estimate. If these numbers change, you must submit a revised form with your updated credit numbers.

Fall: _____ credits Winter(Quarter students only): _____ credits Spring: _____ credits Summer: _____ credits

Other Types of Financial Aid

12. To be considered for federal aid, you must also complete the Free Application for Federal Student Aid (FAFSA), available at **www.fafsa.gov**.

☐ I have filed a FAFSA ☐ I will file a FAFSA ☐ I will not file a FAFSA/I am not eligible to file a FAFSA

13. If you are receiving, or expect to receive, any of the following awards for the academic year, please indicate the expected amount.

Expected Amount Per Year:

$_____ Drexel University Online Partner Discount
$_____ Drexel Employee Remission
$_____ Drexel Grad Grant
$_____ Dean's Fellowship/Scholarship
$_____ Research Assistantship (tuition, not stipend)
$_____ Graduate Assistantship (tuition, not stipend)
$_____ Teaching Assistantship (tuition, not stipend)
$_____ Other Tuition Scholarship
$_____ Non-Drexel Employee Remission
$_____ Other _____

Confirmation

14. I certify that the information I am providing is accurate, and I understand that if I register for fewer credits than indicated, my financial aid eligibility may be adjusted.

Student Signature: _____ Date: _____