



INSTITUTIONAL FINANCIAL AID APPLICATION FOR U.S. CITIZENS AND PERMANENT RESIDENTS

The information you provide on this form will enable the SRC/Financial Aid Office to correctly process your financial aid application or scholarship award. To be considered for federal aid, you must also complete the Free Application for Federal Student Aid (FAFSA), available at www.fafsa.ed.gov.

Please return to:
SRC/Financial Aid Office
OR Fax to: 215-895-1692
Drexel University
3141 Chestnut Street, Philadelphia, PA 19104

Personal Information

1. Student Name: _____ 2. University 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 complete my degree online: Yes No
10. Expected date of graduation: Month _____ Year _____
11. Campus: University City Main Center City Hahnemann College of Medicine
 Drexel at Burlington County College Center for Graduate Studies, Sacramento

Credit Hours

12. 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. 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.

Quarter Students: Fall: _____ credits Winter: _____ credits Spring: _____ credits Summer: _____ credits
Semester Students: Fall: _____ credits Spring: _____ credits Summer: _____ credits

Other Types of Financial Aid

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 Fellowship/Scholarship \$ _____ Drexel University Online Partner Discount
\$ _____ Drexel Employee Remission \$ _____ Non-Drexel Employee Remission
\$ _____ Graduate or Teaching Research Assistantship (tuition portion only)
\$ _____ Other Scholarship/Grant _____

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: _____