



# 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](http://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: \_\_\_\_\_