

Vagelos College of Physicians and Surgeons

College of Dental Medicine

Office of Student Financial Aid & Planning

630 West 168th Street Black Building, Room 1-139 New York, NY 10032 212.305.4100 Tel 212.305.0221 Fax

TITLE VII FINANCIAL AID SELF-DISCLOSURE

The following information must be provided for all previously attended institutions of Higher Education.

A. STUDENT INFORMATION

☐ MD

Please complete a separate form for each institution.

□ DDS

Student Name:

Academic Program:

UNI:

www.cumc.columbia.edu/ student/finaid

Institution Name:			
Phone Number:			
Street Address:			
City, State ZIP:			
Date Attended:			
C. FINANCIAL AID HISTORY			
lease check as applicable and provide the n	accepty information		
lease check as applicable and provide the in	cessary information.		
I received the following federal student a	d from this institution.	Please indicate th	e financial aid
istory at each institution attended.			
•			
		Amount	Currently in
Sources of Assistance	Loan Period	Borrowed	Default? (Yes/No)
Scholarships for Disadvantaged Students			()
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(SDS)			
(SDS)			
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(SDS) Loans for Disadvantage Students (LDS) Health Professions Student Loan (HPSL)			
(SDS) Loans for Disadvantage Students (LDS)			
(SDS) Loans for Disadvantage Students (LDS) Health Professions Student Loan (HPSL) Primary Care Loan (PCL)			
(SDS) Loans for Disadvantage Students (LDS) Health Professions Student Loan (HPSL) Primary Care Loan (PCL) Nursing Student Loan (NSL)			
(SDS) Loans for Disadvantage Students (LDS) Health Professions Student Loan (HPSL) Primary Care Loan (PCL) Nursing Student Loan (NSL) Nursing Faculty Loan Program (NFLP)			
(SDS) Loans for Disadvantage Students (LDS) Health Professions Student Loan (HPSL) Primary Care Loan (PCL) Nursing Student Loan (NSL) Nursing Faculty Loan Program (NFLP) Health Education Assistance Loan			
(SDS) Loans for Disadvantage Students (LDS) Health Professions Student Loan (HPSL) Primary Care Loan (PCL) Nursing Student Loan (NSL) Nursing Faculty Loan Program (NFLP) Health Education Assistance Loan (HEAL)			
(SDS) Loans for Disadvantage Students (LDS) Health Professions Student Loan (HPSL) Primary Care Loan (PCL) Nursing Student Loan (NSL) Nursing Faculty Loan Program (NFLP) Health Education Assistance Loan (HEAL) Federal Perkins Loan Federal Direct-Subsidized Loan			
(SDS) Loans for Disadvantage Students (LDS) Health Professions Student Loan (HPSL) Primary Care Loan (PCL) Nursing Student Loan (NSL) Nursing Faculty Loan Program (NFLP) Health Education Assistance Loan (HEAL) Federal Perkins Loan Federal Direct-Subsidized Loan Federal Direct-Unsubsidized Loan			
(SDS) Loans for Disadvantage Students (LDS) Health Professions Student Loan (HPSL) Primary Care Loan (PCL) Nursing Student Loan (NSL) Nursing Faculty Loan Program (NFLP) Health Education Assistance Loan (HEAL) Federal Perkins Loan Federal Direct-Subsidized Loan Federal Direct-Unsubsidized Loan Federal Direct-Graduate Plus Loan			
(SDS) Loans for Disadvantage Students (LDS) Health Professions Student Loan (HPSL) Primary Care Loan (PCL) Nursing Student Loan (NSL) Nursing Faculty Loan Program (NFLP) Health Education Assistance Loan (HEAL) Federal Perkins Loan Federal Direct-Subsidized Loan Federal Direct-Unsubsidized Loan Federal Direct-Graduate Plus Loan Federal Pell Grant			
(SDS) Loans for Disadvantage Students (LDS) Health Professions Student Loan (HPSL) Primary Care Loan (PCL) Nursing Student Loan (NSL) Nursing Faculty Loan Program (NFLP) Health Education Assistance Loan (HEAL) Federal Perkins Loan Federal Direct-Subsidized Loan Federal Direct-Unsubsidized Loan Federal Direct-Graduate Plus Loan			

D. FINANCIAL AID HISTORY CONTINUED
Please check as applicable and provide the necessary information.
☐ I did not receive any financial aid from this institution.
T did not receive any financial aid from this institution.
☐ I am in DEFAULT on another student loan. Please list:
☐ I owe a repayment or refund on a federal grant (Pell or SEOG). Please list:
E. CERTIFICATION AND SIGNATURE
By signing below, I certify that the information provided here is complete and accurate.
Student Signature Date