

**COLLEGE OF DENTAL MEDICINE  
CDM POSTDOCTORAL IMPLANTOLOGY PROGRAMS  
AID TYPE REQUEST FORM**

**2020-21**

**Please Submit This Form If You Plan To Apply For Educational Loans**

**I AM PLANNING TO APPLY for private, alternative loans. Indicate the lender(s) and loan type(s) and amount(s):**

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**CU ID or UNI:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Return to:**  
Columbia University – Office of Student Financial Aid & Planning  
College of Physicians & Surgeons and College of Dental Medicine  
630 West 168<sup>th</sup> Street  
P&S Box 52-A  
New York, New York 10032  
[ps.columbia.edu/financialaid](https://ps.columbia.edu/financialaid)  
Phone 212-305-4100  
Fax 212-305-0221