Yale SCHOOL OF MEDICINE

Financial Aid Office

Notification and Confirmation - PA Online

2024 – 2025

IMPORTANT: Complete this form and return it with your Financial Aid Award Acceptance. ALL forms can be found at https://medicine.yale.edu/md-program/financialaid/formsandresources/

Student information

Student's Name: _____

Yale ID Number: _____ Date of Birth: _____

☐ I will be applying for $_____ **Federal Direct Unsubsidized Loan**

☐ I will be applying for $_____ **Federal Direct Graduate PLUS Loan**

Please note that by signing this form, you are authorizing the US Department of Education (USDE) to investigate your credit record.

Student's Signature: _____ Date: _____ Class of: _____

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