

2024-2025 Direct Loan Funding Application

Graduate Student

PERSONAL INFORMATION		
Name:		
MUN Student ID#:	ML	JN email address:
Citizenship: American	Dual American/Canadia	n Eligible noncitizen
Social Security Number (SS	N):	
ACCOMODATION INFORMA	<u>ATION</u>	
St. John's Campus		
On-campus		
Burton's Pond Apartments ((Apartment Style):	
Macpherson College (Suite)	:	
Paton College (Residence H	all): Single Occupancy	Double Occupancy
Meal Plan: 5-Day Unlimited	d 7-Day Unlimite	ed
Grenfell Campus		
Arts & Science Residence Ha	all Burton's Pond Apartmer	nts (Standard):
Arts & Science Residence Ha	all Burton's Pond Apartmer	nts (Bachelor):
New Residence Complex (St	candard):	
Chalet Apartments (Standar	⁻ d):	
Meal Plan: Specify Meal Pla	an type:	
Signal Hill Campus		
Graduate Student Accommo	odations: Specify Ro	oom type:
Hillside View: Ocean	View:	

<u>Off-campus</u>					
Room in private residence:					
Apartment (building or basement):					
House:					
Please indicate the amenities that are included in you off-campus living arrangement/rental agreement					
Light: heat: cable: internet: other (specify):					
Local Street address:					
Home telephone: () Mobile/Cell: ()					
ACADEMIC INFORMATION					
Term(s) for which Loan Funding is requested:					
FALL 2024 (SEPT – DEC) WINTER 2025 (JAN – APR) Spring 2025 (MAY – AUG)					
MASTER'S DEGREE Ph.D. DEGREE					
Specify Degree Program (include major/minor/concentration):					
Does your intended program have a co-op placement, internship, externship or work placement? Yes: No:					
Year of Study for 2024/25: 1 2 3 4 5 Beyond 5 th year					
Anticipated Graduation Year: 20					
OTHER INCOME INFORMATION					
Please list all sources of income you expect to receive which includes Memorial University during the academic year 2024/25 from the following. Do not leave blank - If no value, then enter \$0.					
Fellowships: \$					
Graduate Assistantships: \$					
Supervisor Grants/Contracts: \$					
Special Initiatives: \$					
External Funding: \$					

Internal/External Awards Scholarships: \$	
Other (Please specify): \$	
Other student loans from Canada (if dual citizen): \$	
PLUS LOAN	
Are you applying for a PLUS loan? Yes: No:	
Graduate Plus Loan – Amount requested \$	
OTHER INFORMATION	
<u>Transportation</u>	
If you live off campus, will you be using your private vehicle to attend MUN? Yes:	No:
Research for Graduate students	
Are you conducting research during 2024-2025 as part of you program? Yes:	No:
If yes, what the location and duration (if known)?	
DECLARATION STATEMENT	
I, declare that all of the information provided in t and I understand that it will be used to assess my eligibility for U. S. Federal Studen	
I understand that I must contact the Scholarships and Awards office of living/financial/academic situation as it arises as it may affect my financial aid e understand that I am required to keep up-to-date information with your Servicers, U.S. Department of Education.	ligibility. In addition,

I understand that distance education/online courses are <u>not eligible</u> for participation in the U.S. Federal Direct Loan Program. I acknowledge that by adding distance education/online courses after my current loan has been disbursed, that I will not be eligible for future funding.

I understand that I must meet the Satisfactory Academic Performance (SAP) guidelines to continue receiving Direct Loans at Memorial University.

I understand that foreign institutions may not certify or disburse Federal Direct Loan program funds under a "study abroad" or "student exchange" agreement for U.S. students to attend educational institutions located in the United States. However, as of July 1, 2011, independent research done by an individual student in the United States for not more than one academic year is permitted, if it is conducted during

the dissertation phase of a doctoral program under the guidance of faculty, and the research can only be performed in a facility in the United States.

Access to Information and Protection of Privacy - The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and will be used to assess eligibility for US student aid.

- I understand that my personal information may be disclosed to other Memorial University departments as required, for example: The School of Graduate Studies (SGS) may confirm a leave of absence (LOA) or confirm funding.
- I acknowledge that my information may be disclosed during the mandatory annual standard compliance audit (to Audit Firm Ernst and Young) of the William D. Ford Federal Direct Loan Program as required by the U.S. Department of Education's Foreign School Audit Guide.
- I understand that if I have any questions about the collection and use of this information, I can contact the Manager, Scholarships and Awards office at 864-7910.

Student Signature: _	Date:	
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