

LEHIGH UNIVERSITY.

2014-2015 Graduate Student Financial Aid Application

Student Name:	LIN:
E-Mail:	Primary/Cell Phone:
Home Address:	
Degree Program:	Date of Birth (MM/DD/YY):
Anticipated Graduation Date (MM/YY):	Program Begin Date (MM/YY):
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during the academic year- 3 credits for each summer sessio	be eligible for a Federal Direct Loan (6 credits each semester n). Enrollment in a degree program is required. If your plans fice of Financial Aid in writing. Any reduction in the number n eligibility.
FINANCIAL AID INFORMATION: PROCESSING WILL BE DELAYED IF NOT COMPLETED	
1. Type of Aid Requested:	Student Employment (limited availability)
2. Number of credits per semester you plan to be enrolled:	
Summer I '14 Summer II '14 Fall '14	4 Spring '15
3. Loan Amount Requested Per Semester (See above for loa	an details):
Summer I '14 \$ Summer II '14 \$	Fall '14 \$ Spring '15 \$
4. Number of Tuition-Free credits you plan to receive per se	
Summer I '14 Summer II '14 Fall '14	4 Spring '15
Loan. Furthermore, I acknowledge my responsibility to not certification information changes during the period of enro	o process my application for the Federal Direct Unsubsidized ify the Office of Financial Aid of any academic, financial or Ilment.
Student's Signature:	Date