



# LEHIGH UNIVERSITY

## 2025-2026 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): \_\_\_\_\_

Federal Direct loans and alternative loans are the opportunities available to graduate students through the Office of Financial Aid. Graduate students are eligible for up to \$20,500 in Federal Direct Unsubsidized loans. If additional funding is needed students may apply, separately, for a Federal Direct Graduate PLUS or Private Alternative Loan. Information on this separate application process is available on our website. For any other forms of aid (assistantships, fellowships or scholarships), contact the department or college in which you are enrolled.

**Applicants must be registered at least half-time to be eligible for a Federal Direct Loan (6 credits each semester during the academic year- 3 credits for each summer session).** Enrollment in a degree program is required. If your plans change at any time, it is your responsibility to notify the Office of Financial Aid in writing. Any reduction in the number of courses taken or tuition aid received may affect your loan eligibility.

**FINANCIAL AID INFORMATION: *PROCESSING WILL BE DELAYED IF NOT COMPLETED***

Number of credits per semester you plan to be enrolled:				
Summer 1 '25 _____	Summer II '25 _____	Fall '25 _____	Winter '25 _____	Spring '26 _____
Loan amount requested per semester:				
Summer 1 '25 _____	Summer II '25 _____	Fall '25 _____	Winter '25 _____	Spring '26 _____
Number of Tuition-Free credits you plan to receive (this includes TA/GA/RA and tuition remission/reimbursement)				
Summer 1 '25 _____	Summer II '25 _____	Fall '25 _____	Winter '25 _____	Spring '26 _____

**CERTIFICATION:**

I certify that all of the information reported to qualify for federal student aid is complete and accurate and grant permission to the Lehigh University Office of Financial Aid to process my application for the Federal Direct Unsubsidized Loan. Furthermore, I acknowledge my responsibility to notify the Office of Financial Aid of any academic, financial or certification information changes during the period of enrollment.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit to Lehigh University's Office of Financial Aid via the [go.lehigh.edu/finaidoccenter](http://go.lehigh.edu/finaiddoccenter), by mail, or by fax (610)758-6211. You may also contact our office at (610)758-3181 or [financialaid@lehigh.edu](mailto:financialaid@lehigh.edu)