

Yale GRADUATE SCHOOL OF ARTS AND SCIENCES

Office of Financial Aid 2024-2025 INTERNATIONAL LOAN APPLICATION

Name			Student ID		Department			
Enrollmen	. t [Full-time Ph.D.		rt-time ther	Expected Date Year of Study	of Graduation	month	year
E-Mail Add	dress				Birth Date			
Local Addr	ress							
Permanent	t Address							
Marital Sta	atus	Single	Married	Separat <u>ed/</u> [Divorce	Single parent		

Financial Aid: List all fellowships or grants (University and/or other) you will receive for the 2024-2025 academic year including the amount(s) awarded and length of award(s).

TYPE OF AWARD	AMOUNT OF AWARD	SOURCE OF AWARD	INDICATE FALL/ SPRING/SUMMER TERM
Tuition			
Stipend			
Assistant in Research			
Teaching Fellowship			
Health Fellowship			
Other			

Cost-of-Education: Tuition plus living costs comprise your Cost-of-Education. The amount you may borrow cannot exceed the cost of education, earnings, income, and assets less financial aid.

Costs	1 Month	9 months	12 months
			Ph.D. Students
Housing	\$ 1,715	\$ 15,437	\$ 20,583
Board (meals)	\$ 686	\$ 6,175	\$ 8,233
Academic	\$ 160	\$ 1,440	\$ 1,440
Personal	\$ 279	\$ 2,510	\$ 3,347
Medical	\$ 346	\$ 3,110	\$ 3,110
Transportation	\$ 245	\$ 2,203	\$ 2,938
Total Living Cost	\$ 3,431	\$ 30,875	\$ 39,650
Total Tuition		\$ 49,500	\$ 49,500
Cost of Education		\$ 80,375	\$ 89,150

Loan Requested: Please indicate the Yale Graduate and Professional International Loan amount requested:

LENDER NAME	AMOUNT REQUESTED
Yale Graduate and Professional International Loan (GPI)	

STATEMENT OF UNDERSTANDING: [you must read and sign this statement to receive a loan] I understand that the calculation of my eligibility for student loans is based on the financial information I have provided to the Graduate School Office of Financial Aid and on the school's records of any Fellowship, Teaching or Research appointment, outside Fellowship or Scholarship aid status at the time of determination of need. I understand that any changes in these awards, including the acceptance of a teaching or research appointment, may affect the eligibility of loan(s) awarded. I understand that it is my responsibility to inquire of the Graduate School Office of Financial Aid whether any change I may consider will affect my loan eligibility and to notify the Graduate School Office of Financial Aid of any changes in my financial aid award status.

Signature	Date

RETURN THIS FORM TO:

Yale University, Graduate School of Arts and Sciences, Financial Aid Office: gradfinaid@yale.edu