

**SOUTHERN ILLINOIS UNIVERSITY
SCHOOL OF MEDICINE**

FINANCIAL AID ACKNOWLEDGEMENT FORM

_____ I understand that I am responsible for meeting all deadlines.
initial

_____ I understand that it is possible to cover the full cost of my medical education with financial aid, as
initial long as I have good credit. Therefore, it is my responsibility to be aware of my credit history.

_____ I realize that SIU School of Medicine is not responsible for my financial support in the event that I
initial am denied educational loans for reasons of credit, default, bankruptcy or other financial problems.

_____ I understand that I am not eligible to receive financial aid during periods of leave of absence.
initial

Name (Please print): _____

Signature: _____ Date: _____