

STUDENT FINANCIAL AID TRANSCRIPT

The student below has applied for the Health Professions Student Loan and/or Loan for Disadvantaged Students at Texas A&M University. They have indicated that they also received Title VII aid at your institution. Per Section 722 of the Public Health Service Act (42 CFR Part 57.206), we are required to collect a Financial Aid transcript from each previously attended institution. Please complete all applicable fields and upload the completed form to the Financial Aid Portal.

Student Name: _____ UIN: _____

TO BE COMPLETED BY FINANCIAL AID OFFICE

____ Student did not receive any financial aid at this institution.

____ Student is in default on Federal loans. Name of fund and amount owed: _____

____ Student owes a refund on a grant. Name of fund and amount owed: _____

PLEASE COMPLETE ALL FIELDS APPLICABLE TO YOUR INSTITUTION:

Fund Type	Award Period	Award Amount	Cumulative Total
Scholarship for Disadvantaged Students (SDS)			
Exceptional Financial Need Scholarship (EFN)			
Loan for Disadvantaged Students (LDS)			
Health Professions Student Loan (HPSL)			
Primary Care Loan (PCL)			
Health Education Assistance Loan (HEAL)			
Health Education Loan Program (HELP)			
Nursing Student Loan (NSL)			
Nurse Faculty Loan Program (NFLP)			
Financial Assistance for Disadvantaged Health Professions Students (FADHPS)			

University/College: _____

FAO (Print Name): _____

Address: _____

Signature: _____

City/State/Zip: _____

Title: _____

FA Office Phone: _____

Date Signed: _____

Fax: _____

Email: _____