



COLUMBIA UNIVERSITY

School of Nursing

Financial Aid Office  
630 West 168<sup>th</sup> Street, Box 6  
New York, NY 10032  
212-305-8147 (T)  
212-305-3680 (F)

PRIVATE ALTERNATIVE LOAN INFORMATION  
2012-13

*STUDENT INFORMATION*

Student Name:	
Program:	
UNI:	
Expected Grad Date:	
<i>LENDER INFORMATION</i>	
Lender's Name:	
Loan Program Name and Code:	
The name and code of the Lender's Guarantee Agency:	
Total Loan Amount: (Cannot exceed amount of unmet need):	
Disbursement Breakdown (only if not applying for full awarded amount):	<u>Summer '12</u> <u>Fall '12</u> <u>Spring '13</u>

By submitting this form I acknowledge that if I borrow less than the unmet need in my financial aid package, I am responsible to budget my cost of attendance accordingly, including paying for the difference in the billing statement by the due date. Please return form to Financial Aid Office or hand-deliver to Georgian Rm. 134.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date