**Medical University of Bialystok (MUB)**

**U.S. Federal Direct Loan Program**

**2023-2024**

**FINANCIAL AID OFFICE**: Dean’s Office, English Language Division

Ms. Emilia Rozanska, Financial Aid Officer: emilia.rozanska@umb.edu.pl

The financial aid office is available Monday – Friday during the academic calendar. Students should contact the financial aid office with questions about the status of their loans in through emails, in person or phone toMs. Emilia Różańska, Financial Aid Office  emilia.rozanska@umb.edu.pl, ph.85-686-5123

### **We strongly recommend our students become familiar and reference these resources often.**

**U.S. Student Consumer Information:**

[**Medical University of Bialystok. Financial Aid for U.S. students. (umb.edu.pl)**](https://www.umb.edu.pl/en/s%2C9079/Financial_Aid_for_US_students)

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**The Federal Student Aid website** is a valuable tool for you to use when learning and understanding about the Direct Loan program including interest rates and loan fees and available repayment plans. <https://studentaid.gov/fsa-id/sign-in/>

**STUDENT ELIGIBLITY**: *To receive Direct Loans, recipients must be either permanent residents or citizens of the United States, be enrolled in Medical University of Bialystok, MD program at least half-time, maintain satisfactory academic progress in accordance with both the university regulations and U.S. Direct Loan Program standards and not be in default on any prior U.S. government guaranteed loan. These guidelines are subject to statutory and/or regulatory changes in the U.S. Higher Education Act and the Title IV Program Regulations.*

***Current Guidance from the Department of Education (Fall 2023)*** *limits the awarding of Direct Student Loans (Direct Unsubsidized Loan and the Grad PLUS.) Student borrowers must demonstrate via official transcripts of at least 90 U.S. credits from either MUB or a Previous undergraduate university. (Note: 1 U.S. credit = 2 ECTS)*

**APPLICATION PROCESS:** *Students who wish to apply for the U.S. Federal Loan Program must*

* *Complete the FAFSA at* [*www.fafsa.ed.gov*](http://www.fafsa.ed.gov) *and ask for the report to be sent to MUB School Code: G3784300 under foreign institutions label.*
* *Sign and return Financial Aid Data Sheet with signed acknowledgements to the Office of Financial Aid.*
* *Complete the Request for Federal Direct Loans 2023-2024 with Cost of Attendance*
* *Complete the following at* [*http://studentaid.gov*](http://studentaid.gov)
* *Unsubsidized Direct Loan Master Promissory Note (MPN)*
* *Grad PLUS Master Promissory Note if you wish to borrow more than 20,500 from the Unsubsidized loan amount of $20,500.*
* *Grad PLUS application and obtain an approval from the Department of Education. Students who are not approved should read the denial email sent to you by the DOE and contact the Financial Aid Office for further assistance.*
* *Entrance Counseling at* [*http://studentaid.gov*](http://studentaid.gov) *needed by those who have not previously borrowed from the loan program.*

**MEDICAL UNIVERSITY OF BIALYSTOK**

**OFFICE OF FINANCIAL AID**

**FINANCIAL AID DATA SHEET**

**STUDENT PROFILE DATA:**

 **1)First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2) Gender: Female \_\_\_\_\_ Male \_\_\_\_\_**

**3) Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4) Last four Social Security Number xxx-xx- \_\_\_\_\_\_**

**5)E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6) Marital Status: Single (never married) Married \_\_\_\_\_ Divorced \_\_\_\_\_\_ Separated \_\_\_\_\_\_\_\_\_**

**7)Permanent Address: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **City \_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_\_ Country \_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_**

**8) Address while at School: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **City \_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ zip Code \_\_\_\_\_\_\_ Country \_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_**

 **9) Terms and Attendance: Fall 2023\_\_\_\_ Spring 2024 \_\_\_\_\_ in this academic year.**

**10) Full Time (FT) or Half Time (HT) Attendance: Fall 2023\_\_\_\_\_\_\_\_ Spring 2024\_\_\_\_\_\_\_\_**

**11) Year in Medical Doctor program of Study: 1\_\_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_\_ 5 \_\_\_\_ 6 \_\_\_\_**

**11) Where will you live during the school year: On campus \_\_\_\_ Off Campus \_\_\_\_**

**UNIVERSITY OF BIALYSTOK**

**OFFICE OF FINANCIAL AID**

**REQUEST FOR DIRECT LOAN FUNDS & REQUIRED ACKNOWLEDGEMENTS**

**STUDENT REQUEST FOR DIRECT LOAN FUNDS (see attached 23-24 COA and U.S. Consumer Information).**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the Cost of Attendance as published by MUB for the 2023-2024 Academic Year. Any request I have made in writing for financial aid budgeting assistance and use of my Federal Funds have been addressed. I request the Financial Aid Office of Medical University of Bialystok process my application for:**

* **Unsubsidized Direct Loan in the Amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(maximum 20,500)**
* **Direct Graduate PLUS Loan in the Amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Maximum amount (Cost of Attendance-Unsubsidized Direct Loan of $20,500**

**STUDENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_**

**PRINT STUDENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY**

**I have reviewed the current copy of the Institution’s Catalog and Student Handbook on the Institution’s website. I understand the policies of the Institution. I understand that I must maintain satisfactory academic progress as outline in the Institutions Catalog and the Student Handbook. If I am participating in the U.S. Federal Direct Loan Program(s), then by signing this acknowledgment, I have completed a Soan entrance interview and have received information on borrower rights and responsibilities. I understand that if the FAO requests additional information for the completion of my request for financial assistance, it is my obligation to promptly respond to their request. I further acknowledge that I have a maximum of 30 days to respond to such a request from the FAO.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby acknowledge that I have read and reviewed the terms and responsibilities associated with receiving federal student loans.**

**STUDENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_**

**PRINT STUDENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACKNOWLEDGEMENT OF STUDENT LOAN TERMS**

**The following information and statements apply to your application for a U.S. Federal Direct Student Loan (FDSL). It is necessary under federal regulatory guidelines for you to state your understanding of the responsibilities you assume when you receive a Federal Direct Loan.**

1. **I ACKNOWLEDGE THAT I AM AN ELIGIBLE Permanent resident or citizen of the United States and I am completing an application for the U.S. Federal Loan program online with the U.S. Department of Education – FAFSA 23-24.**

**2) I may only use my Student Loan for educational and education-related expenses.**

1. **I understand that the loans I am being offered will be taken into consideration when determining other types of student assistance, I may receive. The total amount of my financial aid may not exceed the cost of attendance (COA). Questions regarding the amounts and types of student assistance may be directed to the financial aid representatives serving my school.**

**4) I understand that it is a federal regulation that I be enrolled at least half-time as defined by my school in order to receive Federal student loans. Questions regarding the definition of half-time enrollment may be directed to the financial aid office.**

**5) I must repay this loan with all accrued interest and capitalized interest and deducted fees. I understand that I have the option of paying the interest on my unsubsidized loans while I am in school. If I do not pay the interest while I am in school the lender, will add it to the unpaid principal amount of my loan. This is called “capitalization”. For more information, I need to contact the servicer of my loans.**

**6) For FDSL, I have a maximum of 10 years to repay this loan unless my loans are consolidated. I may extend the repayment plan to a term not to exceed 25 years. I understand that there are several alternate repayment plans that I may enroll if I meet the qualifications outline by the U.S. Department of Education.**

**7) I may repay all or part of this loan early without penalty.**

**8) The minimum monthly payment is $50.00 but can be more depending on the total amount borrowed. Repayment will begin following a 6-month grace period. This grace period begins the day after I graduate, withdraw from school, or drop below half-time status.**

**9) The interest rate for my loans(s) is specified in my master promissory note. I understand that the interest rate may vary according to the financial markets but will not exceed 8.5%. In addition, I understand that if I receive an Unsubsidized Loan, interest will accrue from the day the loan is disbursed until it is repaid in full. I also understand that I may pay the interest while enrolled in school or request to my servicer capitalize the interest (add the interest to the principal) each time I withdraw from the school’s program.**

**10) I understand that if I have a change of name, address, telephone number, graduation date, enroll less than half time, withdraw from school., or transfer to another school, I am required to notify the Department of Education by contacting the assigned servicer of my loans. I understand, I can find the servicer of my loans at** [**www.nslds.gov**](http://www.nslds.gov)

**11) I will be notified in writing if my loan is transferred to a new servicer. If that event should occur, I must direct all future correspondence to the new servicer.**

**12) If I qualify, I may apply for a postponement of my loan payments. This is known as a deferment. If I do not qualify for a deferment and am unable to make payment on my loan, I may request forbearance or alternative repayments plans from my servicer. .**

**13) I understand that I must repay the loan even if I do not complete my education, if I am not satisfied with my education, or if I cannot find employment. Examples of monthly repayment plans are available in the borrower’s rights and responsibilities section of my Master Promissory Note (MPN). I understand I may contact my servicer for additional information.**

**14) I understand it is my responsibility to notify the financial aid office should it become necessary for me to withdraw prior to completing my program of study. I further understand that I must complete an exit interview, which includes information regarding my repayment options and the use of the loan consolidation process.**

**15) If I fail to repay my student loan or if my loan becomes 270 days delinquent, I will be considered in default and the following may result:**

* **A national credit bureau will be notified, and it will have a negative effect on my credit rating for at least seven years.**
* **My wages may be garnished.**
* **My federal and state income tax refunds may be withheld.**
* **Legal action may be taken against me**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby acknowledge that I have read and reviewed the terms and responsibilities associated with receiving federal student loans.**

**STUDENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_**

**PRINT STUDENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



