

MD/PhD Student Status Form

2012-2013

UNIVERSITY OF VERMONT
Student Financial Services
223 Waterman Building
Burlington, VT 05405
Fax: (802) 656-4076

STUDENT NAME: _____

UVM ID #: **95** _____

Financial aid eligibility is different for medical and graduate students. The aid you receive during the MD portions of your program may be different from the aid you receive during the PhD portion of your program. Once you enter the PhD portion of your program, Student Financial Services will consider you a graduate student through the semester in which you defend your thesis. Please complete this form in full so we can determine your financial aid eligibility.

Please indicate which portion of your program you expect to be working toward during the **fall 2012 semester**:

MD

PhD

Please indicate which portion of your program you expect to be working toward during the **spring 2013 semester**:

MD

PhD

Do you expect to defend your thesis during the fall 2012 or spring 2013 semesters? Yes No

If yes, please indicated the approximate date you expect to defend your thesis: _____

If you will be defending your thesis this year, you will be considered a graduate student through the semester in which you defend your thesis.

ANTICIPATED ENROLLMENT PLANS

Please indicate the number of credits in which you intend to enroll for the semester indicated. Check MD if you will be considered an MD student during the semester indicated. Do not include any credits for GRAD901, GRAD902 or GRAD903. You will report those separately. **Notify our office of any changes to your enrollment plans.**

Term	# of Credits*	MD?
Fall 2012		___ YES ___ NO
Spring 2013		___ YES ___ NO

*Do not include credits for GRAD901, 902 or 903.

Will you be enrolled with Continuous Registration status? Continuous Registration status applies to those graduate students who have completed their course work and are working towards thesis completion. Select the appropriate response below for each semester and course.

Fall 2012

GRAD901 ___ YES ___ NO

GRAD902 or GRAD903 ___ YES ___ NO

Spring 2013

GRAD901 ___ YES ___ NO

GRAD902 or GRAD903 ___ YES ___ NO

FINANCIAL RESOURCES

Our office will assume that your tuition and comprehensive fees will be paid in full by the College of Medicine during the MD portions of your program and by your thesis advisor's department during the PhD portions of your program unless you notify us otherwise. You must notify our office of any funding or scholarships other than your stipend and tuition and fee payments. It is your responsibility to ensure that your funding is credited to your student account.

CERTIFICATION STATEMENT

I understand that the information provided will be used to determine my eligibility for financial aid and that I must report any changes to Student Financial Services. I understand that any changes to my enrollment or resources not reported to the Student Financial Services will result in an adjustment to my award.

Student Signature: _____

Date: _____