



Personal. Global. Transformational.

Student Name _____

FDU Student ID Number _____

Student DOB _____

Financial Aid Transcript

The above referenced student attended your institution, and we are requesting information about the student's borrowing under the Federal Nursing Loan Program. Please check one of the following:

☐ Student did not borrow under the federal nursing program while a student at our institution.

☐ Student borrowed the following amounts under the Federal Nursing Loan program:

Loan Period	Amount Borrowed	In Default on loan?

Name of certifying official _____

Signature of certifying official _____

Date _____

This form should be returned to the Financial Aid Office indicated below:

Metropolitan Campus
201-692-2364 (fax)
1000 River Road T-KB1-04
Teaneck, NJ 07666
finaid@fdu.edu

Florham Campus
973-443-8534 (fax)
285 Madison Ave M-MSO-02
Madison, NJ 07940
finaid@fdu.edu

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