



Boston University Financial Assistance

Accelerated Medical & Dental Programs Summer Financial Aid Fact Sheet

To complete the undergraduate portion of the Accelerated Medical & Dental programs in 3 years, students are required to take summer courses. Boston University awards summer need-based and merit-based financial aid to eligible students enrolled in the 7-Year Liberal Arts/Medical and Dental Education Programs. Summer financial aid is awarded for a maximum of 20 credits for the summer terms between the student's first, second and third years as an undergraduate.

Eligibility Requirements for Summer Financial Aid:

- You must have need-based financial aid or a merit award during the prior academic year.
- If you are a recipient of need-based financial aid during the academic year you must also have calculated financial eligibility during the summer.
- You must enroll in a minimum of four credits during Summer Session I or Summer Session II, prior to promotion to the medical school (i.e. First, Second and Third Summer).
- You must meet [Satisfactory Academic Progress](#) standards which require that you successfully complete at least 12 credits each semester and meet a minimum 2.00 cumulative GPA, unless you have been notified of different requirements (i.e. merit awards).

Please complete the attached Enrollment Information Form if you meet the requirements listed above and return it to BU Financial Assistance by April 18, 2014. Award notifications will be available to all applicants by late May.

Enrollment Information Forms received after April 18, 2014 will be considered late and BU Financial Assistance cannot guarantee that summer financial aid will be available.

If you have any questions concerning this matter please contact BU Financial Assistance at 617-353-2965 or finaid@bu.edu. Include your name and BU ID in any communication and specify that your inquiry is about summer financial aid for Accelerated Medical & Dental Programs.



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**Accelerated Medical & Dental Programs
Summer 2014 Enrollment Information Form**

BU Student's Name: _____ BU ID: - - - - -
 First M.I. Last

Will you live in BU Housing during the summer? Yes No *(Circle one)*

If not in BU Housing, will you live with your parents? Yes No *(Circle one)*

Summer 2014 follows your: 1st 2nd 3rd year in the Program. *(Circle one)*

Courses

	Title	Number of Credits
Summer I	_____	_____
	_____	_____
	_____	_____
	_____	_____
Summer II	_____	_____
	_____	_____
	_____	_____
	_____	_____

Please return by April 18, 2014 to: Matthew Cromie, Senior Financial Aid Advisor
 Boston University Financial Assistance
 881 Commonwealth Avenue, 5th Floor
 Boston, MA 02215

If you have any questions about completing this Enrollment Form please contact BU Financial Assistance at 617-353-2965 or finaid@bu.edu. Include your name and BU ID in any email communication.