



DARTMOUTH GEISEL SCHOOL OF MEDICINE

Award Declination Form

Complete this form **only if you wish to decline all or a portion of the financial aid offered to you.** If you do not return this form, we will assume that you accept your financial aid offer. See the Terms and Conditions of Financial Aid for information about the types of financial aid on your award letter. Please return with 14 days of receiving.

Student _____ Geisel ID No. _____

Check one:

I will attend the Dartmouth Geisel School of Medicine; however, I wish to decline the financial aid offered to me.

I wish to decline a portion of the financial aid offered to me as follows:

Award Name	Total Amount Offered	New Amount Requested*
<i>As listed on your award letter.</i>		<i>Enter \$0 if applicable</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Must be **less than** the amount offered. The new amount requested will be distributed proportionally across terms, based on your enrollment status, unless you provide other instructions. You may use the reverse side of this form to explain your request, if necessary.

Signature: _____ Date: _____

Return to: **Geisel.Financial.Aid@Dartmouth.edu**