
Hofstra North Shore-LIJ School of Medicine
Office of Financial Aid
500 Hofstra University
Hempstead, NY 11549-5000
email: medicine.finaid@hofstra.edu
phone: 516.463.7523
fax: 516.463.7543

Students requesting additional funding to replace all or part of the expected student contribution or students who wish to appeal their financial aid award offer should fill out this form. Note: Concerns regarding financial aid awards should first be discussed with the Director of Financial Aid. If the student still wishes to file an appeal, formal review will be conducted by members of the Financial Aid Advisory Committee. All Committee decisions are final.

Section I: STUDENT INFORMATION

Name: ___________________________  ___________________________  ___________________________
                     Last                          First                          Middle

Hofstra 700#: ______________________

Section II: REASON for REQUEST

☐ I am requesting $_______ in additional loans to replace all or part of my estimated student contribution.

☐ I wish to appeal my financial aid award and ask that it be re-evaluated based on additional information or information that has changed since my initial application (provide detail below).

The reason for my request (you may attach a separate sheet if necessary):


Section III: CERTIFICATION

(1) I hereby attest that all of the information provided on this application is true and accurate to the best of my knowledge; (2) I agree that any adjustments in my financial aid award facilitated through the Hofstra North Shore-LIJ School of Medicine Office of Financial Aid are to be applied only towards educational expenses.

Student’s Signature ___________________________  Date ___________________________

This request is not valid unless signed and dated by the student.