

Date: [Insert Date]

Recipient Name: [Insert Student Full Name]

Student ID: [Insert ID Number]

Academic Program: [Insert Medical Program Name]

Dear [Insert Student Name],

This letter is to formally notify you of the upcoming disbursement of your medical student loans for the [Insert Semester/Academic Year] period. The funds will be applied directly to your student account as follows:

Loan Details:

- **Loan Type:** [Insert e.g., Direct Unsubsidized / Grad PLUS]
- **Gross Disbursement Amount:** \$[Insert Amount]
- **Origination Fees:** \$[Insert Amount]
- **Net Amount to be Disbursed:** \$[Insert Amount]
- **Scheduled Disbursement Date:** [Insert Date]

Disbursement Process:

The funds will first be applied to your outstanding tuition and institutional fees. If a credit balance remains after all institutional charges are paid, a refund will be issued to you via [Insert Method, e.g., direct deposit/check] within [Insert Number] business days.

Important Reminders:

- You have the right to cancel all or a portion of this loan within [Insert Number] days of this notification.
- Please ensure your enrollment status remains at least half-time to maintain eligibility.
- Keep this letter for your financial records and future residency/fellowship planning.

If you have any questions regarding your financial aid package, please contact the Financial Aid Office at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Insert Name/Signature]

Office of Financial Aid

[Insert School of Medicine Name]