

Certification of Counseling

STUDENT INFORMATION

Student's Name: _____ MD PA

Yale ID Number: _____ Date of Birth: _____

I acknowledge that I have received financial aid counseling on my student loan debt. I understand that any figures provided are only estimates. Changes to future interest rates, my yearly borrowing, federal student loan regulations, or other factors may affect my final monthly and/or total repayment amounts.

Student's Signature: _____ Date: _____

