

## **EXTENDED STUDIES**

# Private Loan, Education Plan

Please complete and return this form to the Financial Assistance Coordinator to complete the loan certification process. **We cannot certify your loan without this completed form.** 

Students can request the cost of the program and a maximum of \$2,000.00 for a computer. Full-time students please contact the Financial Assistance Coordinator for an estimate at **unex-finasst@ucsd.edu**.

## **Student Information**

STUDENT I.D. NUMBER (IF KNOWN)		
LAST NAME	FIRST NAME	M.I.
NAME OF LENDER	LOAN AMOUNT REQUESTED	
Education Plan Provide information about the progr	am you are applying to	
1 0	ram (3 months) Part-time program (6 months)	)
PROGRAM NAME		

#### PLEASE TYPE OR PRINT CLEARLY

For Office Use Only	
Received by	
Date	

#### **Questions? Contact Student Services Phone**

(858) 534-3400, Option 2

Email unex-finasst@ucsd.edu

### Submit your completed form by: Mail

UC San Diego Division of Extended Studies

ATTN: FA Coordinator

9500 Gilman Drive, Dept. 0176-H

La Jolla, CA 92093-0176

Email unex-finasst@ucsd.edu

Fax (858) 246-1031