

EXTENDED STUDIES

extendedstudies.ucsd.edu

PLEASE TYPE OR PRINT CLEARLY

For Office Use Only
 Received by: _____
 Date: _____

Questions? Contact Student Services
Phone ▶ (858) 534-3400,
Email ▶ unex-finasst@ucsd.edu

Submit your completed form by:
Mail to ▶ 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

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.**

Student Information

STUDENT I.D. NUMBER (IF KNOWN)

LAST NAME _____ FIRST NAME _____ M.I. _____

NAME OF LENDER _____ LOAN AMOUNT REQUESTED _____

Proposed Education Plan

Provide a quarter-by-quarter plan for completing the requirements of the program you are applying to. For professional certificates, students are expected to enroll in a minimum of 6 units per quarter. For specialized certificates, students are expected to enroll in a minimum of one course per quarter.

Program Name: _____

QUARTER: Fall Winter Spring Summer | **YEAR:** _____

| Course List | Units | Course Fee |
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QUARTER: Fall Winter Spring Summer | **YEAR:** _____

| Course List | Units | Course Fee |
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QUARTER: Fall Winter Spring Summer | **YEAR:** _____

| Course List | Units | Course Fee |
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QUARTER: Fall Winter Spring Summer | **YEAR:** _____

| Course List | Units | Course Fee |
|-------------|-------|------------|
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Student Certification

I understand that by signing this form, I am expected to adhere to the proposed schedule above and to maintain satisfactory academic progress each quarter, in order to continue receiving my loan disbursement checks each quarter. I understand that if I do not meet these conditions, my scheduled loan disbursements may be canceled or rescheduled for a later quarter.

Student Signature _____ **Date** _____