SCHOOL DEFERMENT
Request and Verification Form

PART A:  TO BE COMPLETED BY THE BORROWER IN INK.
FORMS SUBMITTED WITHOUT ALL REQUIRED INFORMATION OR SUBMITTED WITHOUT
CERTIFICATION WILL NOT BE PROCESSED.

<table>
<thead>
<tr>
<th>Name of Borrower:</th>
<th>Account Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Number, Street, Apt No.):</td>
<td>Home Telephone Number:</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td>Work Telephone Number:</td>
</tr>
</tbody>
</table>

REFER TO YOUR STUDENT LOAN PROMISSORY NOTE(S) TO DETERMINE IF YOU NEED TO BE
HALF-TIME OR FULL-TIME IN ORDER TO QUALIFY FOR A SCHOOL DEFERMENT.

DEFERMENT PERIOD REQUESTED

<table>
<thead>
<tr>
<th>Beginning Date: (Month/Day/Year)</th>
<th>Ending Date: (Month/Day/Year)</th>
</tr>
</thead>
</table>

THE BORROWER AFFIRMS THAT HE/SHE IS ELIGIBLE FOR THE DEFERMENT REQUESTED. THE BORROWER AUTHORIZES
THE REGISTRAR HAVING RECORDS PERTAINING TO MY CLAIMED STATUS, FOR WHICH I AM REQUESTING DEFERMENT
OF MY LOAN PAYMENTS, TO MAKE INFORMATION FROM SUCH RECORDS AVAILABLE TO THE UNIVERSITY OF SAN
 DIEGO LOAN ADMINISTRATION OFFICE. THE BORROWER AFFIRMS THE INFORMATION PROVIDED IS TRUE AND AGREES
TO NOTIFY THE UNIVERSITY OF SAN DIEGO LOAN ADMINISTRATION OFFICE IMMEDIATELY UPON TERMINATION OF THE
ABOVE-CLAIMED ELIGIBLE DEFERMENT STATUS. BORROWER UNDERSTANDS THAT FAILURE TO MAINTAIN CLAIMED
STATUS FOR THE PERIOD INDICATED WILL RESULT IN THE REVERSAL OF THE DEFERMENT, AT WHICH TIME ALL
ELIGIBLE DEFERMENTS ORIGINALLY COVERED BY SUCH DEFERMENT WILL BE IMMEDIATELY DUE.

BORROWER’S SIGNATURE ____________________________ DATE ______________

RETURN THE COMPLETED, CERTIFIED APPLICATION TO:

UNIVERSITY OF SAN DIEGO LOAN ADMINISTRATION
5998 ALCALA PARK, HC ROOM 204
SAN DIEGO, CALIFORNIA  92110

PART B: TO BE COMPLETED BY CERTIFYING OFFICIAL (SCHOOL REGISTRAR)

Name In Institution: ______________________________
Address: _______________________________________
Telephone Number: ________________________________
OPE I.D. / US Department of Education Code: __________

CERTIFICATION DATES:
From:          To:      
Status: (Please check one)
 o  Full-Time
 o  Half-Time
 o  Less Than Half-Time

I CERTIFY THE INFORMATION PROVIDED ON THIS FORM IS CORRECT.

Authorized Signature: ______________________________ Date: ______________
Print Name & Title: ______________________________________

PLACE OFFICIAL SEAL HERE

Updated 4/1/04