

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.

| | | |
|---------------------------------------|------------------------|------------------------|
| Name of Borrower: | | Account Number: |
| Address (Number, Street, Apt No.): | | Home Telephone Number: |
| Place X here if this is a new address | City, State, Zip Code: | Work Telephone Number: |

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

| | |
|-------------------------------------|----------------------------------|
| Beginning Date: (Month/Day/Year) | Ending Date: (Month/Day/Year) |
|-------------------------------------|----------------------------------|

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) | |
| <input type="radio"/> Full-Time <input type="radio"/> Half-Time <input type="radio"/> Less Than Half-Time | |

I CERTIFY THE INFORMATION PROVIDED ON THIS FORM IS CORRECT.

Authorized Signature: _____ Date: _____

Print Name & Title: _____

**PLACE
OFFICIAL SEAL
HERE**