

Private Loan Supplemental Form

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 _____

Education Plan

Please provide us with your quarter-by-quarter plan to complete the program. 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.

Name of Program: _____

Quarter _____ Year _____

| Course Title | Units |
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Quarter _____ Year _____

| Course Title | Units |
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Quarter _____ Year _____

| Course Title | Units |
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Quarter _____ Year _____

| Course Title | Units |
|--------------|-------|
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PLEASE TYPE OR PRINT CLEARLY

For Office Use Only
 Received by: _____
 Date: _____

Questions? Contact Student Services
Phone ▶ (858) 534-3400, Option 2
Number
Email ▶ unex-finasst@ucsd.edu
Submit your completed form by:

Mail to ▶ UC San Diego Extension
 ATTN: FA Coordinator
 9500 Gilman Drive, Dept. 0172-S
 La Jolla, CA 92093-0172
Email ▶ unex-finasst@ucsd.edu
Fax ▶ (858) 246-1031