

**Pacific College of Oriental Medicine  
2011-2012 DAOM Alternative Loan Certification Form**

Name: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

Message Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1) I am enrolled in the Doctorate Program.

2) Please indicate the number of units in which you plan to enroll for each term:

	Winter 01/13/12 - 04/16/12	Spring 05/18/2012-08/6/2012
Units		

3) Date you expect to complete the above noted program(s). Select appropriate month and fill in year:

04/\_\_\_\_\_ 08/\_\_\_\_\_ 12/\_\_\_\_\_

**\*\*\* Loan Request \*\*\***

4) I have completed the alternative loan application and have been approved for the following amount\*:

\$ \_\_\_\_\_.

5) I am requesting this loan from: \_\_\_\_\_ (Name of Lender)

\*In most cases the amount of the loan cannot exceed the school's determined cost of attendance (COA) which is based on # of terms and units.

**\*\*\* Terms of Agreement \*\*\***

On acceptance of Educational Loans from Pacific College I certify that:

- I understand that I should refer to the Financial Aid Bulletin and my lender disclosure statements for information regarding applying for and receiving alternative loans at Pacific College of Oriental Medicine.
- I will promptly answer all correspondence relating to my educational loans (including emails), and will notify Pacific College of any change of address or attendance status.
- I will enroll and maintain enrollment in a minimum of 6 units each term that I am receiving an alternative educational loan. I understand that if I do not maintain at least half time enrollment, further disbursement of my educational loan will be canceled.
- I understand that the amount of aid certified is based on the enrollment indicated on this certification form and that any change in actual enrollment may affect the amount of the loan.
- I understand that my educational loan funds will be credited against any institutional charges on my account at the time my aid is received. I understand that if additional charges are applied during the term that I must pay these costs immediately, and that failure to pay could result in suspension from classes.
- I understand that refunds of aid due to dropped classes will not be available until after the school's official add/drop period (first two weeks of each term) and that depending upon eligibility, all or part of that refund may be returned to my lender.
- I understand that it is my responsibility to apply for financial aid each new award year.
- I understand that if I withdraw from all courses at Pacific College all or part of my aid may be returned to my lender. If the amount returned is in excess of any fee refunds, I will be responsible for any remaining balance due.

**\*\*\* Student Certification \*\*\***

My signature certifies that I have completed the form accurately and have read and fully understand all the provisions stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date