

**Instructions**

Please complete this form. Sign and date your request and return it to the Bursar's Collection Department, located in Student Services Center 702. You can also mail it to the address shown above. Attach supporting documents or statements to this form. All information and supporting documents given will be held in the strictest confidence.

|                 |  |                                    |                |
|-----------------|--|------------------------------------|----------------|
| Name:           |  | SJSU ID Number:                    |                |
| Address:        |  | Phone Number:                      | Date of Birth: |
| Marital Status: | Number of Dependents (include yourself): | Driver's License State and Number: |                |

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|--|
| <input type="checkbox"/> <b>Unemployment</b><br>Date continuous unemployment began:<br>If you are not receiving unemployment benefits, please explain reason:  |
| <input type="checkbox"/> <b>Financial Hardship</b><br>Please explain:  |
| <input type="checkbox"/> <b>Students enrolled in less than six undergraduate or four graduate units</b><br>Name of school: _____ Address of school: _____<br>Describe the academic work or internship in which you are engaged in: |
| <input type="checkbox"/> <b>Medical (Please include physician's statement on letterhead stationary)</b><br>Date medical condition occurred:  |
| <input type="checkbox"/> <b>Other</b><br>Please explain:   |

My plan for repaying my loan is:

I certify that all statements made to support my request for reduced payments are true and correct. I also certify that I will notify your office of any changes in my employment status or significant changes in my financial situation.

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|