

## Instructions and Checklist for the Short Term Loan Application

**Please initial that you have completed the following steps:**

\_\_\_\_\_ Read the Short Term Loan Program Information from [SFS website](#) or picked up and read the Information in person at University Disbursements.

\_\_\_\_\_ Fill out all sections on Short Term Loan Application that are to be completed by the student. The Short Term Loan Application is a 2 page document and is part of this packet.

\_\_\_\_\_ Attach all documents required that relate to your repayment source to the loan application.

\_\_\_\_\_ Verify that you are enrolled in the minimum number of units required to receive a Short Term Loan. They must be updated on the WebPortal.

\_\_\_\_\_ Verify that you don't have any past due debts with the University.

After you have completed the steps listed above, bring the completed application and all documentation to University Disbursements - Student Services West Room 2536. You will need to provide your Red ID card when turning in your application.

Please note that missing information and documentation will cause delays in the Short Term Loan approval process.

San Diego State University  
Student Financial Services - Short Term Loan Application

Page 1 of 2

Please Print – All Information must be filled out completely:

Loan Semester \_\_\_\_\_

**Student Information (to be completed by student):**

Red ID Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Local Address: Street: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(Including Area Code): \_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Class Level: Undergraduate / Graduate

Number of units enrolled in the semester you are applying: \_\_\_\_\_ If you are applying for a loan during the Summer Session, please circle all sessions that you are attending:

S1 (Session 1)

T1(All Summer)

S2(Session 2)

**Financial Information: (to be completed by student)**

Loan Amount Requested (up to \$500.00 in Fall/Spring, up to \$350.00 in Summer) \_\_\_\_\_

Purpose of Loan: \_\_\_\_\_

**Repayment Source(s) - Please select all that apply**

Financial Aid/Scholarship (Provide verification of financial aid you will be receiving for the loan semester with your application. You must be receiving enough money to cover your registration fees, any other debts that will be paid by financial aid and this Short Term Loan)

Employment \$ \_\_\_\_\_ paid per month(You must provide a copy of your paycheck stub with your application.

Other benefits/source: List source: \_\_\_\_\_ (You must provide proof of this repayment source)

**Reference Information (to be completed by the student)**

Employer: Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Parent or Nearest Relative's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Other Reference's Full Name (Must be From another Household): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code**Short Term Loan Terms and Agreement: (to be read and signed by the student)**

I understand and agree that this is a binding contract requiring repayment of an educational loan, a form of financial aid assistance. I hereby certify that, to the best of my knowledge, all information furnished on this application is complete and accurate. I agree to pay a \$15.00 service charge as a part of this Short Term Loan. I understand that I am required to notify the University Collections office of all address changes and agree to provide any additional documents requested in support of this application until the loan is completely paid in full. I recognize that my failure to repay this loan on time may result in this institution withholding all services from me, the assessment of late charges, and interest at 10% per annum on delinquent amounts owing. I authorize the University Disbursements Office to deduct any amounts owing from my Financial Aid award to repay the Short Term Loan, if applicable. I consent to the release of information concerning this extension of credit when necessary to collect a delinquent payment. Upon such delinquency this information may be released to credit bureaus and other entities reasonably necessary to aid in the collection of the delinquent repayment. I understand that this debt could be referred to collection agencies and that I will be responsible for all attorneys' fees and other reasonable collection costs.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date**For Office Use Only:**

Date Application Received: \_\_\_\_\_ Approved / Denied Date: \_\_\_\_\_

Reason for Denial \_\_\_\_\_

Signature of Approver: \_\_\_\_\_

Loan Fund Used: \_\_\_\_\_ Loan Amount: \_\_\_\_\_

Comments: \_\_\_\_\_