

Pacific College of Oriental Medicine
 Financial Aid Priority Deadline: April 2, 2010
 Financial Aid Certification Form – May 2010 thru December 2010
Massage Therapy/Asian Bodywork Program

Name: _____ SSN: XXX-XX-_____

Message Phone: _____ Email: _____

Campus Attending: ___ San Diego ___ Chicago

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

	Spring 2010 05/03/10 – 8/13/10	Fall 2010 09/07/2010 – 12/19/2010	
Academic Units			

2) Date you expect to graduate from Pacific College. Select appropriate month and fill in year:

04/ _____ 08/ _____ 12/ _____

***** Loan Request *****

3) I request a Federal Direct Stafford Loan for up to (please mark one box)

___ The total maximum for which I am eligible, subsidized and unsubsidized, Federal Direct Stafford Loan. {maximum = up to \$9,500 (\$4750/term) for Independent undergraduate} / {maximum = up to \$5,500 (\$2,750/term) for Dependent undergraduate}

___ The maximum subsidized for which I am eligible {maximum = up to \$3,500 (\$1,750/term) for Independent/Dependent undergraduates}

___ I do not want the maximum. Please certify the following amount: \$ _____
 (amount requested will be divided evenly between the two semesters)

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

On acceptance of Financial Aid from Pacific College I certify that:

- I understand that I should refer to the Financial Aid Bulletin and/or the Federal Student Guide for information regarding applying for and receiving aid at Pacific College of Oriental Medicine. http://www.pacificcollege.edu/financial_aid/index.html
- I will promptly answer all correspondence relating to my financial aid award (including emails), and will notify Pacific College of any change of address or attendance status.
- I will maintain at least 6.6 units of required MT/AB courses each term and maintain Satisfactory Academic Progress (SAP) as outlined in the Financial Aid Bulletin. I understand that if I do not maintain half time enrollment and/or SAP standards my financial aid will be withdrawn.
- I understand that the amount of aid indicated on the Award Notice is based on the enrollment indicated on this certification form and that any change in actual enrollment may affect the amount of the award.
- I understand current year funds may not be used to pay for prior award year charges for tuition and fees, room or board or educationally related charges in excess of \$200.
- 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 the federal student aid programs.
- 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 the federal student aid programs. If the amount returned is in excess of any tuition refunds, I will be responsible for any remaining balance due to the college.

***** Drug Prevention/Security/School Performance Reports *****

I understand that Pacific College is required to make an annual distribution to all students and employees of its Drug Prevention Program information. The annual Drug prevention Program Information includes standards of conduct that prohibit the unlawful possession, use or distribution of illegal drugs and alcohol by students and employees on the property or as part of any of its activities. I understand that Pacific College will impose disciplinary sanctions, up to and including expulsion or termination of employment and referral for prosecution, on students and employees for violation of the standards of conduct. Pacific College also has an Annual Security Report, which must be made available to prospective students as well as current students and employees and contains campus security policies and procedures as well as crime statistics and a sexual assault program. In addition, Pacific College distributes their Annual Consumer Information Fact Sheet which lists the completion rate for students.

***** Student Certification *****

My signature certifies that I have read and fully understand all the provisions stated above and on the reverse side of this form. All the information on my Free Application for Federal Student Aid (FAFSA) and other financial aid forms is true and complete to the best of my knowledge. If I am asked, I agree to give documented proof that my information is accurate. This proof may include a copy of the US Federal Income Tax form filed by myself or by my family. I understand that if I purposefully give false or misleading information, I may be subject to a fine of up to \$10,000, imprisonment for up to 5 years or both.

Signature

Date

