

PEPPERDINE UNIVERSITY



Institutional Loan Forbearance Request

Requestor Information (All fields are required)

Name (Last, First, MI) _____ CWID # or Last 4 of SSN _____
Address _____ Home Phone _____
City, State, Zip _____ Cell Phone _____
Email Address _____ Contact Phone _____
Contact Name _____ Contact Relationship _____
Employer Name _____ Employer Phone _____

Please select options:

- I the borrower, am currently experiencing financial difficulties and am unable to make my regular monthly payments on my Institutional loan(s).
- I the borrower, request forbearance (maximum two (2) six month periods) on my Institutional loan(s) payments beginning _____ and ending _____. I am aware that interest will continue to accrue during the forbearance period (if applicable) and: I choose to pay my interest monthly.
 I choose to pay my interest at the end of my forbearance period (You will continue to receive monthly bills).

Co-signer Information (If applicable)

Name (Last, First, MI) _____ Last 4 of SSN _____
Address _____ Home Phone _____
City, State, Zip _____ Cell Phone _____
Email Address _____

I the borrower, acknowledge that the co-signer on my Institutional loan(s) is unable to make my regular monthly payments during this forbearance period.

Note: As a courtesy the University offers only two (2) six month forbearances on Institutional loans (private loans) for the life of the loan(s). Please use time appropriately.

I certify that all statements are true and correct. I also certify I will notify my lender (Pepperdine University) of any changes in my financial situation.

Signature _____ Print Name _____ Date _____

Institutional Use Only:

Date _____ Approved _____ Disapproved _____ Official _____

Return Completed Form to Pepperdine University, Account Resolution Office
24255 Pacific Coast Highway, Malibu, CA 90263-6956 / Ph: 310-506-7300 Fax: 310-506-7559