

CALIFORNIA STUDENT AID COMMISSION
SPECIALIZED PROGRAMS OPERATIONS BRANCH
P.O. BOX 419029
RANCHO CORDOVA, CA 95741-9029



ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE) STATUS FORM

As a participant in the APLE program, the California Student Aid Commission (Commission) continues to monitor your status until you satisfy the terms of your signed Loan Assumption Agreement (LAA). In accordance with these terms, you must currently be enrolled at least half-time and maintain satisfactory academic progress as defined by the eligible institution you attend.

Last Name: _____ First Name: _____ SSN: _____

Primary Phone: _____ Email address: _____

Mailing Address: _____

EDUCATION

1. Are you enrolled at least half-time in a teacher preparation program leading to a graduate or higher level degree approved by the Commission on Teacher Credentialing?* Yes No

If yes,

College of Attendance: _____

Expected Graduation Date: _____

Are you maintaining Satisfactory Academic Progress (SAP)?* Yes No

2. Do you currently hold a valid Preliminary or Clear teaching credential? Yes No

If yes, list your credential type and date: _____

(If you have both credentials, list the most recent)

EMPLOYMENT

1. Are you currently teaching at a California public school in California? ** Yes No

If yes, please download and submit the Employment and Loan Verification forms at
<http://www.csac.ca.gov/apledocs.asp>

2. Do you plan to teach at a California public school? ** Yes No

***You must obtain employment and notify the Commission within 12 months of receiving your degree or you will be withdrawn from the program.*

LOANS

1. Do you currently have an outstanding balance on a subsidized or unsubsidized student loan from either the Direct Loan Program (DL) or the Federal Family Educational Loan Program (FFELP)? Yes No
2. Are you currently in default on your student loans?* Yes No

**If you are not maintaining at least half-time enrollment, not meeting satisfactory academic progress or in default on a student loan you will be permanently withdrawn from the program.*

I declare under penalty of the laws of the State of California and of the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Signature

Date