

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



FY 2017-18

**STATUS FORM
STATE NURSING ASSUMPTION PROGRAM OF LOANS FOR EDUCATION FOR NURSING FACULTY
(SNAPLE NF)**

NAME: _____
(PLEASE PRINT)

NOTE: Please ensure that we have your most current information. If you have no updates or changes in below fields, please indicate "none" here: _____

As a participant of the SNAPLE NF, 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 until you obtain your graduate or higher degree in nursing or a field related to nursing.

Please provide the following information:

1. **Telephone numbers:** Home - () _____ Alt - () _____

Mailing Address: _____

Email address: _____

2. Have you received your graduate or doctorate degree? Graduate - ___ Yes ___ No / Doctorate - ___ Yes ___ No
If yes, please indicate your graduation date _____ / _____ / _____
(Attach proof of graduation, i.e. copy of diploma or transcript)

3. If you have not completed your degree, are you enrolled in a program leading to a graduate level or higher level degree? **Please note, if you are currently enrolled in school, you must attach a copy of your college transcripts to this form.**

_____ Yes: College of Attendance: _____
Expected Graduation Date: _____

_____ No: *Note: If you are not maintaining at least half-time enrollment and are not meeting satisfactory academic progress, you will be withdrawn from the program.*

4. **Are you currently teaching nursing in a regionally accredited college or university in California?**

_____ Yes: School Name: _____
School Mailing Address: _____
Date of Employment Began: _____
Teaching Full-Time or Part-Time: _____

_____ No: *Note: You must obtain employment within 12 months of receiving your degree or you will be withdrawn from the program.*

Signature

Date

PLEASE FAX, MAIL, OR EMAIL THIS FORM AND, IF APPLICABLE, THE ENROLLMENT VERIFICATION DOCUMENT TO THIS ADDRESS:

SNAPLE NF
P.O. BOX 419029
RANCHO CORDOVA, CA 95741-9029
FAX: 916-464-8004 or E-MAIL: Specialized@csac.ca.gov