

**Southern California University  
School of Oriental Medicine and Acupuncture**

**ADMISSIONS DISCLOSURE FORM**

\_\_\_\_\_  
**Student's Printed Name**

\_\_\_\_\_  
**Social Security Number**

We are required by federal law to advise you that, except in the case of a loan made or originated by the institution, your dissatisfaction with or non-receipt of the educational services being offered by this institution does not excuse you (the borrower) from repayment of any Stafford loan made to you (the borrower) for enrollment at this institution.

I certify that I have been advised of my obligations to repay any Direct Stafford Subsidized and/or Unsubsidized Loan(s) I may obtain at this institution.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Institutional Official's Signature**

\_\_\_\_\_  
**Date**

