1. Name and Address of Re	eporting Pe	rson							
Andrews, Charles E. 11600 Sallie Mae Drive									
Reston, VA 20193									
2. Date of Event Requiring Statement (Month/Day/Year)									
02/24/2003 3. IRS or Social Security Number of Reporting Person (Voluntary)									
4. Issuer Name and Ticker or Trading Symbol									
SLM Corporation (SLM) 5. Polationship of Reporting Percen(c) to Issuer (Check all applicable)									
5. Relationship of Reporting Person(s) to Issuer (Check all applicable)() Director() 10% Owner									
(X) Officer (give title below) () Other (specify below)									
Executive Vice President 6. If Amendment, Date of Original (Month/Day/Year)									
7. Individual or Joint/Group Filing (Check Applicable Line)									
(X) Form filed by One Reporting Person									
() Form filed by More than One Reporting Person									
TABLE I Non-Derivative Securities Beneficially Owned									
+		_				_			
,			2. Amount of		Ownership	4. Natu	re of Indirect	Beneficial Ownership	
		į	Securities		Form:	į			
		l I	вепетісіатту	Beneficially Owned Direct(D) or Indirect(I)					
+				+					
Common Stock		0		D					
Common Cecon		Ū		5					
TABLE II Derivative Se	ecurities Be	eneficiall	v Owned						
			,						
1.Title of Derivative	12.Date Exercisable		3.Title and Amount of Securit		Securities	+ 4.Conver-	+ 5.0wnership	+ 6. Nature of Indirect	
Security	and Expiration Date (Month/Day/Year)		e Underlying Derivative Security		sion or Exercise Price of	Form of Derivative	Beneficial Ownership		
								Date	 Expira-
		tion	j Tit:	le		vative	Indirect(I)	İ	
	cisable +	Date +	 .+		Shares	Security 	 +	 	

Explanation of Responses:

SIGNATURE OF REPORTING PERSON /s/ Mary Eure

DATE 02/24/2003