

# NURSING STUDENT LOAN STATEMENT OF RIGHTS AND RESPONSIBILITIES And Entrance Interview

A Nursing Student Loan is a serious legal obligation. Therefore, it is extremely important that you understand your rights and responsibilities. When you, the student borrower, sign this statement, it means that you understand your responsibilities and you agree to honor them.

1. I understand that I must, without exception report any of the following changes to The University of Akron, Student Accounts Office Akron, Ohio 44325-6215. Telephone: (330) 972-5100.
  - a. If I withdraw from school.
  - b. If I transfer to another school.
  - c. If I drop below half-time status.
  - d. If my name should change (for example, because of marriage).
  - e. If my address, or my parents' address changes.
  - f. If I join military service, Peace Corps, or VISTA.
2. I understand that when I graduate or withdraw from The University of Akron, I must arrange for an exit interview by calling (330) 972-5100.
3. I understand that my first monthly payment will be due nine months from the time I cease to be enrolled as a student or drop below half-time.
4. I understand that my minimum monthly payment will be \$40.00. It may be more, if the amount borrowed is sufficient to require larger payments.
5. I understand that the ANNUAL PERCENTAGE RATE of five percent (5%) will be the FINANCE CHARGE based on the unpaid balance and that it will begin to accrue nine months after I cease to be enrolled as a student or drop below half-time.
6. I understand that if I enter the military service, Peace Corps, VISTA, or return to at least half-time study at an institution of higher education, I may request that the payments on my Nursing Student Loan be deferred.
7. I understand that if I fail to repay any loan as agreed, the total loan may become due and payable immediately and legal action could be taken against me.
8. I understand that I will promptly answer any communication from the University of Akron regarding the loan.
9. I understand that I may repay the loan at any time. I further understand that making such payments will reduce future interest.
10. I understand that if I cannot make payment on time, I must contact The University of Akron to make arrangements.
11. I authorize The University of Akron to contact any school, which I may attend to obtain information concerning my student status, year of study, dates of attendance, graduation, withdrawal, transfer to another school, or current address.
12. I authorize the University of Akron to report this loan to the Credit Bureau.

**I ATTEST THAT I HAVE READ AND UNDERSTAND MY RIGHTS AND RESPONSIBILITIES AND I WILL ADHERE TO THEM. I ALSO UNDERSTAND THAT THE NURSING LOAN IS ADMINISTERED BY THE UNIVERSITY OF AKRON STUDENT ACCOUNTS OFFICE AND IS SEPARATE FROM THE FEDERAL STAFFORD LOAN PROGRAM.**

**X**

\_\_\_\_\_  
Student Signature

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

\_\_\_\_\_  
Date

**RETURN ONE COPY**

Revised: 02/05/07

**OVER**

**The University of Akron**  
Signature of Lending Institution

**Personal and Confidential Information** (To be completed by the student)

Date \_\_\_\_\_

(PLEASE PRINT)

NAME \_\_\_\_\_ STUDENT ID # \_\_\_\_\_  
(Last) (First) (Middle Initial)

**LOCAL ADDRESS:**

STREET  
(Inc. Apt. No.) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_  
(Area Code)

BIRTH DATE \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_  
(Name) (Address) (Phone Number)

PREVIOUS COLLEGE(S) ATTENDED (If any) \_\_\_\_\_ MAJOR \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ SPOUSE'S EMPLOYER \_\_\_\_\_

**PARENT OR GUARDIAN:** (LIST PARENTS SEPARATELY) – Used for Reference Purposes Only

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
(First) (Initial) (Last) (Area Code)

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

EMPLOYER NAME/ADDRESS \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
(First) (Initial) (Last) (Area Code)

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

EMPLOYER NAME/ADDRESS \_\_\_\_\_

**PERSONAL REFERENCE** (e.g. a professional friend, associate, or non-student):

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**OTHER INFORMATION: (CHECK BOXES)**

PLAN FOR NEXT 12 MONTHS: ( ) MILITARY BRANCH \_\_\_\_\_ ( ) SEEK EMPLOYMENT ( ) CONTINUE EDUCATION

CREDIT CARD NAME \_\_\_\_\_ CREDIT CARD NAME \_\_\_\_\_

OTHER EDUCATIONAL LOANS: Name of Lender \_\_\_\_\_ NDSL/PERKINS \_\_\_\_\_

STAFFORD \_\_\_\_\_ PRIVATE \_\_\_\_\_

**BANKING INFORMATION:** (Name of Bank)

CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ MORTGAGE \_\_\_\_\_

SIGNATURE OF BORROWER **X** \_\_\_\_\_ DATE \_\_\_\_\_