

**NURSING STUDENT LOAN  
ENTRANCE INTERVIEW**

To be completed by the student: (PLEASE PRINT)

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

**PERMANENT ADDRESS:**

Street Address (Inc. Apt. #) \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Student ID Number \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Your Part-time Job (Company Name) \_\_\_\_\_

**CLASS:** Fresh.  Soph.  Jr.  Sr.  Grad.  Exp. Graduation Date \_\_\_\_\_

**PARENT OR GUARDIAN:**

Name \_\_\_\_\_  
Last First Middle

Street Address (Inc. Apt. #) \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Mother's Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Brothers and sisters or other relatives over 18 not living at home. If you have no siblings, list other relatives.**

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

**PERSONAL REFERENCES:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

*I attest that I have read (on reverse side) and understand the responsibilities and options available to me, and that I will adhere to them. I understand that I have a right to request an itemization of the amount financed. I have received a copy of this Statement of Rights and Responsibilities.*

\_\_\_\_\_  
Date Student Signature Student ID Number

## NURSING STUDENT LOAN STATEMENT OF RIGHTS AND RESPONSIBILITIES

A Nursing Student Loan (NSL) is a serious 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 do 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 Business Office at Augustana University, 2001 S. Summit Ave., Sioux Falls, SD. Phone 605 274-5239:
  - (a) If I withdraw from school
  - (b) If I transfer to another school
  - (c) If I drop below half-time nursing program student 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 the military service, Peace Corps, or VISTA
2. I understand that when I graduate or withdraw from Augustana University, I must arrange for an exit interview by calling or visiting the Business Office - Nursing Student Loan.
3. I understand that my initial grace period will expire 9 months from the date on which I cease to be enrolled as a half-time student in the nursing program and that my first monthly payment is due 30 days after the expiration of my grace period.
4. I understand that my minimum monthly payment will be at least \$40. It may be more if the minimum payment is not sufficient to repay the loan over at ten-year period.
5. I understand that the ANNUAL PERCENTAGE RATE of 5% will be the FINANCE CHARGE based on the unpaid balance and that it will begin to accrue 9 months after I cease to be a half-time student in the nursing program.
6. I understand that my loan may be cancelled for certain types of activities, and I accept the responsibility to inform the school of such status. In the event of death or permanent and total disability, the entire unpaid balance will be cancelled. I have been informed of all deferment and cancellation benefits, which are available to me under the terms of the promissory note.
7. I understand that if I enter military service or Peace Corps, or pursue advance professional training in nursing, I may request the payments on my Nursing Student Loan be deferred.
8. I understand that if I fail to repay my loan as agreed, the total loan may become due and payable immediately and legal action could be taken against me.
9. I understand that I must promptly answer any communications from Augustana University regarding my loan(s).
10. I understand that I may prepay my loan at any time, without penalty. I further understand that making such payments will reduce future interest.
11. I understand that if I cannot make payments on time, I must contact Augustana University to make other arrangements.
12. I authorize Augustana University to contact any school, which I may attend, or have attended, to obtain information concerning my student status, my year of study, my dates of attendance, graduation, withdrawal, my transfer to another school, or my current address.
13. I authorize Augustana University, or its representative, to report information about this loan on a monthly basis to national credit bureau organizations.
14. I understand that I received a Federal Nursing Student Loan and MUST REPAY my loan in a timely basis as called for in the repayment agreement which will be set up when I cease to be enrolled as a half-time student in the nursing program. (See promissory note for any additional information about nonpayment, default, and any required repayment in full before the scheduled date.)

**THIS FORM MUST BE READ, COMPLETED AND SIGNED (ON REVERSE) BEFORE LOAN FUNDS CAN BE ISSUED.**

**PLEASE RETURN COMPLETED FORM TO:**

**Financial Aid Office  
Augustana University  
2001 S Summit Ave  
Sioux Falls, SD 57197**