

The University of Oklahoma
Health Sciences Center
1106 N. Stonewall, Room 301, Oklahoma City, OK 73117

EXIT INTERVIEW – PERSONAL DATA

NOTICE: Any person who knowingly makes a false statement or misrepresentation in any student loan transaction, bribes, or attempts to bribe a Federal/Institutional official, fraudulently obtains a student loan, or commits any other illegal action in connection with a student loan is subject to possible fine or imprisonment under Federal Statute.

This form must be typed or printed in ink within the final academic term of your enrollment prior to your anticipated graduation date or other departure date from the Health Sciences Center. All items must be completed; write "none" when applicable. If you departed school prior to the anticipated date or did not receive an exit interview, you must submit the completed form to the Financial Aid Office, 865 Research Park, Suite 240 Oklahoma City, Oklahoma 73104.

PERSONAL INFORMATION

Name _____ Other Names _____

Social Security No. _____ Date of Birth _____

OUHSC I.D. No. _____ Date of Graduation or Withdrawal _____

Permanent Address _____
Street City State Zip

Local Address _____
Street City State Zip

Home Phone Number (____) _____ Work Phone Number (____) _____

Cell Phone Number (____) _____ Email Address _____

Spouse's Name _____ Spouse's Occupation _____

Spouse's Employer _____ Work Phone Number (____) _____

Employer's Address _____
Street City State Zip

PARENTS/GUARDIAN DATA

Father's Name _____ Home Phone Number (____) _____

Work Phone Number (____) _____

Address _____
Street City State Zip

Father's Employer _____

Mother's Name _____ Home Phone Number (____) _____

Work Phone Number (____) _____

Address _____
Street City State Zip

Mother's Employer _____

Brothers and Sisters over 18 not living at home

Name _____ Home Phone Number (____) _____

Address _____
Street City State Zip

Name _____ Home Phone Number (____) _____

Address _____
Street City State Zip

PERSONAL REFERENCES

You must provide 2 references (other than immediate family, students, or professors) who will most likely know your address.

Name _____ Home Phone Number (____) _____

Address _____
Street City State Zip

Name _____ Home Phone Number (____) _____

Address _____
Street City State Zip

FUTURE PLANS

Beginning on (date) _____ Ending on (date) _____

Education (College/University) _____

Address _____
Street City State Zip

Internship/Residency in _____ at _____
Specialty Name of Hospital

Address _____
Street City State Zip

Employer _____ Occupation _____

Employer's Phone Number (____) _____

Employer's Address _____
Street City State Zip

State(s) in which you plan to obtain licensure/certification _____

CHECKLIST

1. Do you know the full amount of the loan? Yes _____ No _____
2. Do you understand when the interest begins and what the rate is on your loan? Yes _____ No _____
3. Do you know when the first payment is due and how much? Yes _____ No _____
4. Do you understand the deferment provisions and **your** responsibility to submit the Certification of Deferment Status form within 30 days of the due date if you wish to claim deferment status? Yes _____ No _____
5. Were copies of promissory notes of the loan programs administered by OUHSC and OU provided to you at your exit interview? (Health Professions Loan, Nursing Student Loan, Institutional Loan) Yes _____ No _____
6. Do you understand the accelerated payment option (you may prepay your loan any time without penalty)? Yes _____ No _____
7. Do you understand your loan will be reported to a credit bureau(s) once it becomes more than 30 days past due? Yes _____ No _____
8. Do you understand that you will be charged a late charge if your installment is late more than 15 days? Yes _____ No _____
9. Do you understand the Student Loan Office must be informed of any changes? Yes _____ No _____

I, the borrower, certify that the information contained in this form is true, complete, and correct. I hereby authorize in accordance with the Privacy Act of 1974 (5 U.S.C. 552a) release of this information to my student loan holders, Federal Agencies, contractors which assist the Federal Government in the administration of the student loan programs, consumer reporting agencies, debt collection bureaus, and other private and public parties. I have read and understand my rights and obligations in regards to my loans as explained in my exit interview. If I have any questions I will write or call the Financial Aid Office, 1106 Stonewall, Room 301, Oklahoma City, OK 73117 (405) 271-2118 financial-aid@ouhsc.edu.

Signature of Borrower

Date

STAFFORD LOAN BORROWERS:

EXIT INTERVIEW

1. I must repay this loan with all accrued interest and deducted fees.
 2. I have a maximum of 10 years to repay this loan unless my loans are consolidated, which I may extend my repayment term.
 3. I may prepay all or part of this loan without penalty.
 4. The minimum monthly payment for this loan is \$50.00, but can be more depending on the sum borrowed.
Repayment will begin as follows:
 - Subsidized Federal Stafford Loan (GSL) Borrowers – following a 6-9 month grace period.
 - Federal Supplemental Loan for Students (SLS) Borrowers – on the date of the last disbursement or once fully disbursed, unless a deferment has been arranged.
 - Unsubsidized Federal Stafford Loan Borrowers – following a 6-9 month grace period; however, interest while in school and during the grace period, and interest payments can be postponed until graduation.
 5. The interest rate for my loan is specified on my disclosure statement and I am responsible for paying accrued and /or capitalized interest.
 6. I must notify my lender in writing within 10 days if I:
 - Change my name
 - Change my telephone number
 - Transfer to another school
 - Withdraw from school
 - Change my address
 - Change my graduation date
 - Enroll for less than half time
 7. I will be notified in writing if my loan is transferred to a new holder.
 8. If I am temporarily unable to make payments (i.e., still attending school or unemployed), I may qualify and apply for a postponement of my loan payments. This is known as a loan deferment. Deferment time is not included with in the 10-year repayment term.
 9. If I do not qualify for a deferment and am unable to make payments on my loan, I may request forbearance from my lender. Forbearance is not included in the 10-year repayment term.
 10. If I fail to repay my student loan, I will be considered to be in default and the following may result:
 - My loan will be reported to a National Credit Bureau and have a negative effect on my credit rating for seven years.
 - The entire unpaid amount of my loan, including interest, will become immediately due and payable.
 - My federal and state income tax refunds may be withheld, or my wages may be garnished.
 - I may be ineligible to receive any additional federal or state financial aid funds.
 - My loan will be referred to a collection agency and I will be liable for collection costs.
 - I may be sued by the holder of my loans for all amounts owed including attorney fees.
 11. I must repay my entire loan even if I do not complete my education, if I am not satisfied with my education, if I cannot find employment, or I do not receive the educational or other services that I purchased from my school.
 12. Loan Consolidation may be an option for me. This allows me to consolidate student loan debts from multiple Federal programs and lenders into one loan, usually extending the repayment period and lowering monthly payments. Interest rate and total interest paid may be greater with consolidation.
 13. The Department of Education's SFA Ombudsman's Office works with loan borrowers to help resolve loan disputes and problems. If you are unable to resolve your dispute with your school, lender, holder, servicer, or guaranty agency, you may contact the SFA Ombudsman at 1-877-557-2575 or visit the website at www.ombudsman.ed.gov.
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