The following interview sheet may be used for Perkins, Nursing and Institutional loan entrance and exit paperwork should you need another copy of the form provided with your entrance or exit packet. Completion of this form alone will not complete your entrance and exit requirements.

Entrance Counseling

- Perkins and Nursing loan entrance counseling is completed online at [https://ipromise.campuspartners.com](https://ipromise.campuspartners.com). You will be notified by email when your record is available for completion.

- Nursing loans have requirements in addition to the online process that must be completed.

- Institutional loan entrance counseling forms are included in the packet of information and documents mailed to your permanent address. You will be notified by email when this packet has been mailed.

Exit Counseling

Perkins, Nursing and Institutional loan exit counseling information and forms are provided in your exit packet when you drop to less than half-time enrollment, withdraw, or shortly before graduation.

**Bolded** fields on this form are required.

- This information is requested to provide a means to contact you in the event that the contact information we have on file for you in the future is no longer valid.

- The persons noted should be people who would have a high probability of knowing how to contact you in the future. No two contacts should reside at the same address or at your home address. Should we contact one of your references the reason we need to reach you would be kept confidential.

- Employer information for references is requested to provide a possible means of contacting them if they have moved from the residence listed. Please indicate retired, homemaker, unemployed, etc. if there is no employer to list. If your contact is self employed provide the name of their business and the work address and phone number or note that their business address and phone number are the same as their residence information. All information is kept confidential.
PERKINS, NURSING, INSTITUTIONAL LOAN ENTRANCE/EXIT INTERVIEW SHEET

PERSONAL & CONFIDENTIAL

Name: ___________________________ Social Security Number: ___________________________ Date of Birth: ___________________________

Local Address: ___________________________ Permanent Address: (if different) ___________________________

Street: ___________________________ Street: ___________________________

County: ___________________________ City/State: ___________________________ Zip Code: ___________________________

County: ___________________________ City/State: ___________________________ Zip Code: ___________________________

Email Address: ___________________________ Cell Phone No.*: ( ) ___________________________ Expected Graduation Date: ___________________________

Driver’s License No.: ___________________________ State of Issue of D/L: ___________________________

I understand and agree that my school and anyone servicing my student loan may communicate with me at any of the numbers listed above with an asterisk (*), or any number I provide to my school or to anyone servicing my student loan in the future. I also agree that communication may be made to my telephone or mobile device using an auto-dialer, text message or pre-recorded message.

Plans for Two Years Beyond Graduation: Major: ___________________________

Employer’s Name: ___________________________ Phone No.: ( ) ___________________________

Address: ___________________________ City/State/Zip: ___________________________

Spouses’ Name: ___________________________

Spouse’s Work Phone No.: ( ) ___________________________ Spouses’ Employer: ___________________________

Spouse’s Work Address: ___________________________ City/State/Zip: ___________________________

Borrower’s Bank Name: ___________________________ City/State/Zip: ___________________________ Account No.: ___________________________

PARENT CONTACT INFORMATION

Father, Stepfather or Guardian: ___________________________

Home Address: ___________________________

Home Phone No.: ___________________________

Employer: ___________________________

Work Phone No.: ___________________________

TWO CONTACTS OTHER THAN RELATIVES OR STUDENTS WHO WILL ALWAYS KNOW YOUR ADDRESS AND PHONE NUMBER

1. Name: ___________________________ Home Phone No.: ( ) ___________________________

Home Address: ___________________________ Home Phone No.: ( ) ___________________________

City/State: ___________________________ Zip: ___________________________ City/State: ___________________________ Zip: ___________________________

Employer/Company Name: ___________________________

Work Phone No.: ( ) ___________________________

Address: ___________________________

City/State: ___________________________ Zip: ___________________________ City/State: ___________________________ Zip: ___________________________

TWO RELATIVES, AT DIFFERENT ADDRESSES, OTHER THAN PARENTS, WHO WILL ALWAYS KNOW YOUR ADDRESS AND PHONE NUMBER

1. Name: ___________________________ Relationship: ___________________________

Home Phone No.: ( ) ___________________________

Home Address: ___________________________

City/State: ___________________________ Zip: ___________________________ City/State: ___________________________ Zip: ___________________________

Employer/Company Name: ___________________________

Work Phone No.: ( ) ___________________________

Address: ___________________________

City/State: ___________________________ Zip: ___________________________ City/State: ___________________________ Zip: ___________________________

I UNDERSTAND THAT:

□ I received a student loan and must repay my loan on a timely basis as called for in the repayment agreement that was mutually agreed upon by me and my lending institution.

□ I must contact the lending institution, prior to the due date, if any payment cannot be made for any reason.

□ I must inform my lending institution or billing agent, immediately, of any change in my name or address.

□ I must submit timely certification when requesting deferment, and/or cancellation benefits.

□ I can accelerate or make payments prior to the due date without penalty.

□ I can make payment in excess of the amount due. This can reduce the total amount of interest I will be required to pay over the life of my loan, but may not apply automatically to my next scheduled payment.

□ I might be eligible to defer, postpone and/or cancel repayment of my loan. The appropriate form to request any one of these privileges can be obtained from the lending institution or billing agent.

□ Provisions of my promissory note may require payment of my loan in minimum monthly (or quarterly) installments.

□ My loan might be subject to late charges if payments are past due depending on the provisions of my promissory note.

□ I may be required to pay the total cost of collection and/or litigation if my loan(s) becomes past due and remains past due without making arrangements to bring it current.

□ Depending upon the promissory note provisions, I might be subject to being reported to Credit Bureaus.

□ I understand that information will be provided prior to repayment and is available from Student Financial Services (800-737-2286) and Campus Partners (800-334-8609).

PLEASE MAKE A COPY OF THIS FORM, RETAIN A COPY FOR YOUR RECORDS, AND RETURN THE ORIGINAL TO SEATTLE PACIFIC UNIVERSITY

THE BORROWER ACKNOWLEDGES RECEIPT OF AN EXACT COPY OF THIS LOAN INTERVIEW.

Borrower Signature ___________________________ Date ___________________________