



**HEALTH PROFESSIONS LOANS
STATEMENT OF BORROWER'S RIGHTS AND RESPONSIBILITIES**

A Health Professions Loan is a serious legal obligation. Therefore, it is extremely important that you understand your rights and 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 North Carolina at Chapel Hill if:
 - a. I withdraw from school
 - b. My address or my parent's address, changes
 - c. I drop below full-time status (half-time for nursing students)
 - d. My name should change (for example, because of marriage)
 - e. I transfer to another school
 - f. I join the military service or Peace Corps
2. I understand that when I graduate or withdraw from The University of North Carolina at Chapel Hill, I must arrange for an exit interview by calling Loan Repayment Services at 919-962-6824.
3. I understand that my first payment will be due 12 months from the time I cease to be a full-time student.
4. I understand that my minimum payment will be at least \$40. It may be more if the amount borrowed is sufficient to require larger payments.
5. I understand that the ANNUAL PERCENTAGE RATE of 5% will be charged on the unpaid balance and that it will begin to accrue 12 months, after I cease to be enrolled as a full-time student.
6. I understand that cancellation may be granted for death or permanent and total disability. I also understand the school must be informed of such a status and be given proper documentation.
7. I understand that if I enter the military service or Peace Corps, or pursue advanced professional training, I may request that the payments on my 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 communication regarding my loan.
10. I understand that if I cannot make a payment on time, I must contact the school.
11. I authorize The University of North Carolina at Chapel Hill to contact any other school which I may attend to obtain information concerning my student status, my year of study, my dates of attendance, graduation, or withdrawal, my transfer to another school, or my current address.
12. I authorize The University of North Carolina at Chapel Hill to report this loan to credit bureaus.
13. I understand that my promissory note includes details pertaining to penalties for noncompliance with loan terms and late fees for lat payments.

See the promissory note for any additional information about nonpayment, default, and any required repayment in full before the scheduled date.

Date

Signature of Student

PID/Student Number

Signature of Lending Institution Representative

HEALTH PROFESSIONS LOAN PERSONAL AND CONFIDENTIAL INFORMATION

This form must be completed before your loan can be processed.

Instructions for completing this form are on the checklist. Do not leave any sections blank. Please print.

PID/Student Number: _____ **DATE Completed:** _____

Full Name of Borrower

 Last, First, Middle

Last 4 digits of SSN: _____ **Birth Date:** _____ **Male or Female?** (Circle one)

UNC School (Dept.)/Major: _____ **UNC Class:** (Check one) Fresh. Soph. Jr. Sr. Grad. Prof.

Anticipated Graduation Date: _____ **State/Driver's License #:** _____
 (from UNC-CH, Month/Year)

Local Information (Campus)

Current Address: _____ **Phone Number:** () _____

Street Apt# **Cellular Phone Number:** () _____

_____ **E-Mail Address:** _____

City/ State/ Zip: _____ **Spouse Name:** _____

_____ **Spouse Employer:** _____

_____ **Spouse Work Address:** _____

Permanent Information (Home)

Permanent Address: _____ **Home Phone Number:** () _____

Street Apt# **E-Mail Address:** _____

_____ **Employed:** Full-Time Part-Time N/A

City/ State/ Zip _____ **Name of Employer:** _____

_____ **Address of Employer:** _____

REFERENCE Information

Name & Address of MOTHER (or Guardian) **Name & Address of FATHER**

_____ _____

_____ _____

_____ _____

City/State/Zip City/State/Zip

Home Phone: () _____ **Home Phone:** () _____

Name and Addresses of Brothers & Sisters over 18, not living at home:

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
City/State/Zip	City/State/Zip
Phone: () _____	Phone: () _____

Names and Permanent Address of 2 references (not previously listed on this page and not students) WHO WILL KNOW YOUR ADDRESS:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
City/State/Zip	City/State/Zip
Phone: () _____	Phone: () _____