

NFLP EXIT INTERVIEW – Questionnaire

Date: _____

NFLP Participant Name: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Permanent Mailing Address:

Telephone Number: _____

Email Address: _____

Additional contacts able to provide your address upon request:

Telephone Number: _____

Name and Address of Employer (If known):

Telephone Number: _____

What are your future career plans?

For All Student Borrowers:

1. Do you know the full amount of the loan?
Yes _____ No _____
2. Have you been informed of your rights and responsibilities?
Yes _____ No _____
3. Do you understand the grace period and know when the first payment is due?
Yes _____ No _____
4. Have you been informed of the repayment options, postponement and cancellation provisions of the Nurse Faculty Loan program?
Yes _____ No _____
5. Do you understand the accelerated payment option?
Yes _____ No _____
6. Do you understand that the collection officer must be informed of any change in your address?
Yes _____ No _____
7. Do you realize the importance of paying promptly or contacting the collection officer prior to the due date if payment cannot be made for any reason?
Yes _____ No _____

For Graduating Student Borrowers:

8. Do you understand the requirement to begin full-time employment as nurse faculty at a school of nursing to be eligible for postponement of loan?
Yes _____ No _____
9. Do you understand that you must be employed full-time as a nurse faculty member for a complete year to be eligible for partial loan cancellation?
Yes _____ No _____
10. Do you understand the REQUEST FOR POSTPONEMENT OF INSTALLMENT PAYMENT form?
Yes _____ No _____
11. Do you understand the REQUEST FOR PARTIAL CANCELLATION form?
Yes _____ No _____

Student's Signature: _____ Date: _____