EXIT INTERVIEW CHECKLIST

For All Student Borrowers:

1. Does the student understand that the collection officer must be informed of any change in his or her address? 
   Yes____ No____

2. Does the student know the full amount of the loan? 
   Yes____ No____

3. Does the student know when the first payment is due and how much it is? 
   Yes____ No____

4. Does the student 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_____ 

5. Does the student understand the accelerated payment option? 
   Yes_____ No_____ 

6. Has the student been given a copy of his or her repayment schedule and information on deferment and cancellation provisions of the health professions student loan program? Yes_____ No_____ 

7. What are the student's plans during the next 12 months? 

For Graduating Student Borrowers:

8. Does the student understand the deferment provisions and his or her responsibility to submit the CERTIFICATION OF STUDENT DEFERMENT STATUS form to the collection officer within 30 days of the due date if he or she wishes to claim deferment? Yes_____ No_____


EXIT INTERVIEW QUESTIONNAIRE

Date: ________________________________
Name: ________________________________ Social Security Number: ______________________
Driver's License Number: __________________ State: ________________________________
Present Mailing Address: ____________________________________________________________
________________________________________________________________________________
Telephone Number: __________________
Permanent Mailing Address: _______________________________________________________
________________________________________________________________________________
Telephone Number: __________________
Parents' Name and Address: ________________________________________________________
________________________________________________________________________________
Telephone Number: __________________
Spouse's Parents' Name and Address: ______________________________________________
________________________________________________________________________________
Telephone Number: __________________
Nearest Friend(s) or Relative(s) who will always know your address: ______________________
________________________________________________________________________________
Bank: ________________________________ Account Number: __________________________
Credit Cards: (department stores, gasoline, etc.)________________________________________
________________________________________________________________________________
Club and/or Fraternity or Sorority Membership: ______________________________________
Name and Address of Employer: ______________________________________________________
________________________________________________________________________________
Telephone Number: __________________
Name and Address of Previous Employer: ____________________________________________
________________________________________________________________________________
Telephone Number: __________________
What are your future career plans? ____________________________________________________
________________________________________________________________________________
Will you be continuing your education? What degree, what university/school, how long, etc.:__
________________________________________________________________________________
________________________________________________________________________________
Number of years in internship or residency and where? ________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________