

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)  
 PUBLIC HEALTH SERVICE (PHS)  
 HEALTH RESOURCES AND SERVICES ADMINISTRATION  
 BUREAU OF HEALTH PROFESSIONS  
 GUIDANCE

NURSING STUDENT LOAN PROGRAM  
 MASTER PROMISSORY NOTE  
 (SINGLE OR MULTI-YEAR)  
 FOR LOANS MADE ON OR AFTER  
 NOVEMBER 13, 1998

I, (first name)  (M.I.)  (Last name) , hereinafter called the Borrower, promise to pay to (Institution Name) , hereinafter called the Institution located at (City)  (State) , the sum of such amounts as may from time to time be advanced to me and endorsed in the Schedule of Advances below with interest at the rate of Five (5) percent per annum together with all attorney's fees, collection agent costs, and other related costs and charges for the collection of any amount not paid when in default according to the terms of this Promissory Note.

SCHEDULE OF ADVANCES				
NUMBER	AMOUNT ADVANCED	TOTAL TO DATE	DATE (##/##/####)	SIGNATURE OF BORROWER
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The Borrower and Institution further understand and agree that:

1. **Consolidation (42 CFR 57.208):** If the Institution makes more than one loan, with the same repayment terms, to the Borrower under the Nursing Student Loan program, the sum of the amounts advanced to the Borrower shall be consolidated for purposes of repayment. Each payment made by the Borrower to the Institution shall be applied first to interest which has accrued on the unpaid principal balance and then to the principal sum of the total loan.
2. **Repayment (Section 836 Public Health Service Act, 42 CFR 57.310):**
  - a. Repayment shall be made in equal or graduated periodic installments within a ten year repayment period, except that the Institution may require repayment to be made in an amount equal to not less than \$40 per month. The ten year repayment period begins nine months after the Borrower ceases to be a full-time or half-time student (as defined by the institution) at a school eligible to participate in the Nursing Student Loan program. Periods of authorized deferment are not included as part of the ten year repayment

period.

b. The terms and conditions of repayment shall be set forth in a separate repayment period schedule which is approved by the Institution and agreed to by the Borrower. Payments under the repayment schedule shall be made to the Institution or its representative no less often than quarterly, except that if the Borrower is more than 60 days past due on a payment, the remaining balance of the loan shall be repaid on a monthly basis.

3. **Interest (Section 836 Public Health Service Act, 42 CFR 57.310):** Interest shall accrue from the beginning of the repayment period.
4. **Deferment (Section 836 Public Health Service Act, 42 CFR 57.310):** Periodic installments of principal and interest need not be paid, and interest shall not accrue, while the Borrower: (a) serves on active duty as a member of a uniformed service of the United States, for up to three years; (b) serves as a volunteer under the Peace Corps Act, for up to three years; and (c) pursues, for up to ten years, a full-time or half-time course of study at a collegiate school of nursing leading to a baccalaureate degree in nursing or equivalent degree, or a graduate degree in nursing, or otherwise pursues advanced professional training in nursing or training to be a nurse anesthetist. Advanced professional training shall include full-time or half-time training, beyond the first diploma or degree in nursing received by the particular borrower, of at least 1 academic year which will advance the borrower's knowledge of and strengthen his or her skills in the provision of nursing services.
5. **Prepayment (42 CFR 57.310):** The Borrower may, at his or her option and without penalty, prepay all or any part of the principal and accrued interest at any time.
6. **Exit Interview (42 CFR 57.310):** The Borrower agrees to attend an exit interview prior to completing or terminating full or half-time student status at the Institution.
7. **Default (Section 835 Public Health Service Act, 42 CFR 57.302):** If the Borrower fails to make an installment payment when due or fails to comply with any other term of this Promissory Note, the loan will be considered in default.
8. **Late Charge (Section 836 Public Health Service Act, 42 CFR 57.310):** The Institution shall assess a late penalty charge for failure of the Borrower to pay all or any part of an installment, or for failure to file satisfactory evidence of entitlement to deferment, if so entitled, at a rate, not to exceed an amount equal to 6 percent, as determined by the Institution, of the amount of such installment, on loans more than 60 days past due.
9. **Acceleration (42 CFR 57.308):** If the Borrower fails to make a scheduled repayment or fails to comply with any other terms of this Promissory Note, the entire unpaid balance of the loan, including interest due and accrued and any applicable penalty charges, will, at the option of the Institution, become immediately due and payable.
10. **Credit Bureaus (42 CFR 57.310):** The Institution may disclose the Borrower's loan, and any other relevant information, to credit bureaus. If the Borrower is more than 120 days past due in making a scheduled repayment, the Institution will disclose the Borrower's delinquent status and any other relevant information to credit bureaus.
11. **Collection Agents, Litigation, and Withholding of Services (42 CFR 57.310):** If the Borrower fails to make a scheduled repayment, or fails to comply with any other term of this Promissory Note, the Institution may: (a) refer the Borrower's loan to a collection agent for further collection efforts; (b) initiate legal proceedings against the Borrower; (c) withhold Institutional services, such as transcripts and letters of recommendation, from the Borrower; (d) refer the Borrower's loan to the Secretary of the U.S. Department of Health and Human Services (DHHS) for collection assistance, including offset of Federal salaries; and (e) obtain the Borrower's address from the Internal Revenue Service, through the Secretary of DHHS, if the Institution has no current address for the Borrower.
12. **Death or Disability (Section 836 Public Health Service Act, 42 CFR 57.311):** In the event of the Borrower's total and permanent disability or death, the unpaid indebtedness remaining on the Promissory Note shall be canceled.
13. **General:** The Borrower will promptly inform the Institution of any change in name or address after he or she

ceases to be a full-time student or half-time student at the Institution. The terms of this Promissory Note shall be construed according to the Federal statute and regulations governing the administration of the Nursing Student Loan program, copies of which shall be kept by the Institution.

**Notice About Subsequent Loans Made Under This Master Promissory Note**

This Note authorizes the Institution to disburse multiple loans during the multi-year term of this Note upon the Borrower's request and upon the Institution's determination of the Borrower's loan eligibility.

Subsequent loans may be made under the Note for the same or subsequent periods of enrollment at this Institution. The Institution however, may at its discretion, close this Note at any time and require the Borrower to sign a new Note for additional disbursements. If the Institution chooses to make subsequent loans under this Note, no such loans will be made after the earliest of the following dates: (i) the date this Institution receives the Borrower's written notice that no further loans may be made disbursed under this note; (ii) the date of withdrawal from the Institution by the Borrower.

Any amendments to the Public Health Service Act governs the terms of any loans disbursed on or after the effective date of such amendment, and such amended terms are hereby incorporated into this Note.

**NOTICE:** The Institution must require security or endorsement if the Borrower is a minor and if, under the applicable State law, the Note signed by him or her would not create a binding obligation. The Institution may not require security or endorsement in any other circumstances. The Institution shall supply a copy of this Note to the Borrower.

**WARNING:** Any person who knowingly makes a false statement or misrepresentation in obtaining these funds is subject to penalties which may include fines and imprisonment under Federal statute.

I agree to the terms and conditions of this Promissory Note

(Date)

(Signature of Borrower)

(Address1)

(Address2)

(Social Security Number)

(Date of Birth ~ ####/####)

Lake Superior State University  
**NURSING STUDENT LOANS**  
**STATEMENT OF RIGHTS AND RESPONSIBILITIES**

A Nursing Student Loan is a serious legal obligation. Therefore, it is extremely important that you understand your rights and responsibilities. When you, the student borrower, sign this statement, it means that you do understand your rights and responsibilities and that you agree to honor them.

1. I understand I must, without exception, report any of the following changes to: Lake Superior State University, Sault Ste. Marie, Michigan 49783. Phone: 906-635-2592, Attention Student Loan Collections.
  - a. If I withdraw from school.
  - b. If my address, or my parent's address, changes.
  - c. If I drop below full-time status (half-time for nursing).
  - d. If my name should change (for example, because of marriage)
  - e. If I transfer to another school.
  - f. If I join the military service or Peace Corps.
2. I understand that when I graduate or withdraw from Lake Superior State University, I must arrange for an exit interview by calling 906-635-2592.
3. I understand that my first monthly payment will be due ten (10) months from the time I cease to be a full-time (half-time for nursing) student.
4. I understand that my minimum monthly payment will be at least \$40.00. It may be more if the amount borrowed is sufficient to require larger payments.
5. I understand that the annual percentage rate shown below will be charged on the unpaid balance and that it will begin to accrue after I cease to be enrolled as a half-time student.
6. I understand that cancellation may be granted for special conditions according to the terms shown on my loan note, and in the event of death or permanent disability. I also understand the school must be informed of such status.
7. I understand that if I enter the military 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 guaranteed, 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 payment on time, I must contact the Loan Collection Office at Lake Superior State University.
11. I authorize Lake Superior State University to contact any 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 Lake Superior State University to report this loan to credit reporting agencies.
13. I understand that I have a right to request an itemization of the amount financed.

ANNUAL PERCENTAGE RATE	AMOUNT FINANCED							
<p>The cost of your credit as a yearly rate.</p> <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="text-align: center; padding: 5px;">Prior to Repayment</td> <td style="text-align: center; padding: 5px;">During Repayment</td> </tr> <tr> <td style="text-align: center; padding: 5px;">-0-</td> <td style="text-align: center; padding: 5px;">5%</td> </tr> <tr> <td style="text-align: center; padding: 5px;">_____</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> </table> <p>Prepayment: If you pay off early, you will <b>not</b> have to pay a penalty.</p>	Prior to Repayment	During Repayment	-0-	5%	_____	_____	<p>The amount of credit provided to you.</p> <p style="text-align: center; margin-top: 20px;">_____</p> <p>See the promissory note for any additional information about nonpayment, default and any required repayment in full before the scheduled date.</p>	<p>In accordance with Federal guidelines, LSSU shall assess a late penalty charge for failure of the borrower to pay all or any part of an installment, or for failure to file satisfactory evidence of entitlement to deferment, if so entitled, at a rate not to exceed and amount equal to 6 percent of the amount of such installment on loans more than 60 days past due. NSL regulations require that schools must report any loans more than 120 days past due to one or more credit bureaus.</p>
Prior to Repayment	During Repayment							
-0-	5%							
_____	_____							

*I have received a copy of this statement:*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Student

\_\_\_\_\_ Student Social Security Number

## STUDENT LOAN REFERENCE INFORMATION

### Lake Superior State University

Borrower Information (Please Print)

YOUR NAME \_\_\_\_\_

HOME PHONE # ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL # ( \_\_\_\_\_ ) \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

D.L. # & STATE \_\_\_\_\_

SS # \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_

Please list below your **FOUR references**. Acceptable: family and close friends within the United States. The references listed below should know your address/phone numbers at all times and must reside in the US. These references must have a different phone number than yourself.

<p><b>NAME</b> _____</p> <p>ADDRESS or Email _____</p> <p>CITY,ST,ZIP _____</p> <p>PHONE # ( _____ ) _____</p> <p>Relationship to Borrower: _____</p>	<p><b>NAME</b> _____</p> <p>ADDRESS or Email _____</p> <p>CITY,ST,ZIP _____</p> <p>PHONE # ( _____ ) _____</p> <p>Relationship to Borrower: _____</p>
<p><b>NAME</b> _____</p> <p>ADDRESS or Email _____</p> <p>CITY,ST,ZIP _____</p> <p>PHONE # ( _____ ) _____</p> <p>Relationship to Borrower: _____</p>	<p><b>NAME</b> _____</p> <p>ADDRESS or Email _____</p> <p>CITY,ST,ZIP _____</p> <p>PHONE # ( _____ ) _____</p> <p>Relationship to Borrower: _____</p>

Anticipated Graduation Date (month/year): \_\_\_\_\_

Intended Major: \_\_\_\_\_

**I certify that the above information is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*All information must be completed before financial aid can be issued.\*\*\***