

# Nurse Faculty Program

## EXIT INTERVIEW – QUESTIONNAIRE

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

NFLP Participant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Permanent Mailing Address:

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Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Nearest Friend(s) or Relative(s) who will always know your address:

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Telephone Number: \_\_\_\_\_

Name and Address of Employer (If known):

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Telephone Number: \_\_\_\_\_

What are your future career plans?

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**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 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: \_\_\_\_\_