

CIOS LOAN

You have been awarded a CIOS Loan by the Financial Aid Office. In order to complete the acceptance of the CIOS Loan you must report to the Loan Office Teller Window (across the hall from Financial Aid) to sign your Promissory Note.

The Initial Interview Questionnaire and the Statement of Rights and Responsibilities are included in your Financial Aid Packet.

All documents for the CIOS Loan must be completed before the first day of classes as published in the academic calendar.

Your enrollment in classes will be cancelled if there is an outstanding balance due on your student account.

Be sure to bring your Driver's License. We must make a copy for our files.

**If you have further questions, please feel free to call the Loan Office at
1 (800) 888-7214,
(205) 726-2790 or (205) 726-2773.**



STATE OF RIGHTS AND RESPONSIBILITIES C.I.O.S. LOAN PROGRAM

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

1. I understand that I must, without exception, report any change of my address to the Samford University Loan Office, 800 Lakeshore Drive, Birmingham, AL 35229.
 - If I withdraw from school
 - If I transfer to another school
 - If I drop below full-time status
 - If my graduation date changes
 - If my name or address changes
 - If my social security number changes
2. I understand that when I graduate, withdraw, or cease to be a full-time student at Samford University, I must arrange for an exit interview by calling (205) 726-2773.
3. I understand that my first payment will be due six months from the time I cease to be a full-time student at Samford University. This **six month period is defined** as the grace period.
4. I understand that **NO DEFERMENTS** are available for this loan program.
5. I understand that the minimum monthly payment will be \$50, and it may be more if the amount borrowed is sufficient to require larger payments, ensuring that the loan is repaid in **five years**.
6. I understand that the ANNUAL PERCENTAGE RATE will be **2.50%** _____. (**Please put your initials by the interest rate.**) Interest will be calculated on the unpaid principal balance, and interest will begin to accrue at the end of the grace period.
7. I understand that I may, without penalty, prepay all or part of the loan at any time, and interest will be reduced by making such payments.
8. I understand that if I cannot make a payment on time, I must contact the Samford University Loan Office at (205) 726-2790 or (800) 888-7214.
9. I understand that if I should default on this loan, the entire unpaid indebtedness, including accrued interest, late charges and collection costs may be due immediately at the option of the institution. I understand that the University will utilize a collection agency and/or litigation to recover the outstanding debt, and I agree to pay all late charges, collection costs, and attorney fees related to the collection of the loan in the event of default. I understand that the University may withhold future services (transcript/registration) if the status of my loan becomes past due.

Signature of Borrower

Social Security Number

Date

SAMFORD UNIVERSITY
Personal and Confidential Information

To be completed by the student.

Please fill in ALL blanks.

PLEASE PRINT.

Name _____ (Last) (First) (M.I.)	_____ - _____ - _____ / ____ / ____ Social Security Number Birth Date
Permanent Address _____ _____ City State Zip Code Permanent Phone (____) _____ Cell Phone Number (____) _____	Local Address _____ _____ City State Zip Code Local Phone (____) _____ NonSamford Email: _____
_____ Driver's License Number AND State	_____ Exp. Graduation Date Major
Current/Expected Employer _____ _____ (____) Phone Number	Spouse's Name _____ Spouse's Cellular Num. (____) _____ Spouse's Work Number (____) _____
<p style="text-align: center;">IMPORTANT INFORMATION</p> PARENT OR GUARDIAN (List Parents Separately) Name _____ (Last) (First) (M.I.) Address _____ _____ City State Zip Code (____) (____) Home Phone Work/Cellular Phone	<p style="text-align: center;">IMPORTANT INFORMATION</p> PARENT OR GUARDIAN (List Parents Separately) Name _____ (Last) (First) (M.I.) Address _____ _____ City State Zip Code (____) (____) Home Phone Work/Cellular Phone
<p><u>Brothers/Sisters over 18 not living at Home</u></p> Name _____ (Last) (First) (M.I.) Address _____ _____ City State Zip Code (____) (____) Home Phone Work/Cellular Phone	<p><u>Brothers/Sisters over 18 not living at Home</u></p> Name _____ (Last) (First) (M.I.) Address _____ _____ City State Zip Code (____) (____) Home Phone Work/Cellular Phone
<p style="text-align: center;">PERSONAL REFERENCES</p> (Aunts, Uncles, Long Term Friends, etc.) (Include <u>both spouses'</u> Legal Names.) Name _____ (Last) (First) Address _____ _____ City State Zip Code (____) (____) Home Phone Work/Cellular Phone	<p style="text-align: center;">PERSONAL REFERENCES</p> (Aunts, Uncles, Long Term Friends, etc.) (Include <u>both spouses'</u> Legal Names.) Name _____ (Last) (First) Address _____ _____ City State Zip Code (____) (____) Home Phone Work/Cellular Phone

Signature of Borrower _____

Date _____