

## NURSING STUDENT LOAN

Given to Student Borrower When Funds are Advanced

Creditor: THE UNIVERSITY OF AKRON

Name of Borrower: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address of Borrower: \_\_\_\_\_  
 \_\_\_\_\_

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

This is a statement required by the Federal Truth-in-Lending Act to inform you of certain information respecting the above-captioned loan at the time funds are advanced to you. [You will note that two rates are quoted below under the caption "Annual Percentage Rate." The interim rate is applicable for the period from the date of advancement of funds until the date the loan (under your promissory note) becomes due. The rate during repayment applies when your note becomes due.]

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
The cost of your credit as a yearly rate.  Interim rate prior to repayment <b>0%</b> .  Rate during repayment <b>5%</b> .	The dollar amount the credit will cost you.  <b>\$ -0-</b> during Interim Period	The amount of credit provided to you or on your behalf.  \$ _____	The amount you will have paid if you made all payments as scheduled.  <b>\$ -0-</b> during Interim Period

**The due date and your payment schedule are set forth in the promissory note; and any questions should be answered from that instrument.**

LATE CHARGE: If a payment is late you may be charged N/A during interim period.

PREPAYMENT: If you pay off early, you will not have any penalty.

You have the right to receive, at this time, an itemization of the Amount Financed.

\_\_\_\_\_ I do want an itemization.

\_\_\_\_\_ I do not want an itemization.

Itemization of the Amount Financed of \$\_\_\_\_\_.

I HAVE RECEIVED A COPY OF THIS STATEMENT

\_\_\_\_\_  
SIGNATURE OF BORROWER