



2015-2016 Soka Loan ENTRANCE COUNSELING FORM

(PLEASE PRINT CLEARLY)

| | | | |
|-------------------|------------------------|------------------|-------------|
| _____ | _____ | _____ | _____ |
| Last Name | First Name | MI | SUA ID # |
| | | | |
| _____ | _____ | _____ | _____ |
| Permanent Address | Street | Apartment Number | |
| | | | |
| _____ | _____ | _____ | _____ |
| City | State/Province | Country | Postal Code |
| | | | |
| _____ | _____ | | |
| Telephone | Non-SUA e-mail address | | |

Please initial by all numbers stating you understand the statement(s).

- _____ 1. I understand that I am obligated to repay my loan(s) even if I do not complete the program, am unable to obtain employment or am otherwise dissatisfied with the education or other services received.
- _____ 2. I must repay my loan(s) with all accrued interest.
- _____ 3. I have a maximum of ten (10) years to repay my loan(s).
- _____ 4. I may prepay all or part of my loan(s) without penalty at any time.
- _____ 5. The minimum monthly payment for my loan(s) is \$50.00, but can be more depending on the amount borrowed.
- _____ 6. Loan repayment begins on the day immediately following the 6-month grace period.
- _____ 7. I must notify Soka University of America in writing within 10 days if I:
- Change my name, address or phone number
 - Change my graduation date
 - Drop below half-time enrollment
 - Transfer to another school
 - Leave school/ Withdrawal
- _____ 8. If I qualify or am eligible for a deferment, I must contact ECSI to apply.
- _____ 9. If I do not qualify for a deferment, and am unable to make payment, I may request forbearance from SUA. Forbearance is an option; it is not a student entitlement.
- _____ 10. I must make monthly payments on my loan after my grace period end, unless I have a deferment or forbearance.
- _____ 11. If I fail to repay my SUA loan(s), I will be considered in default and the following may result:
- The entire amount, including interest, may become due and payable immediately.
 - I will be ineligible to receive any additional loans if I return to SUA.
 - I will be reported to the national U.S. consumer reporting agencies.
- _____ 12. If I have any questions or concerns, I will contact the Office of Financial Aid at financialaid@soka.edu or (949) 480-4342.

I acknowledge that I have read and understand the required Entrance Counseling and have received information regarding my rights and responsibilities for my Soka Loan(s).

Student Signature

Date