ENTRANCE INTERVIEW CHECKLIST/QUESTIONNAIRE

This form must be completed in its entirety and returned to the Office of the Bursar before funds may be advanced on any loan. (PLEASE PRINT)

Name	Social Security No
Permanent Address: Street	Local Address: Street
State	State
Telephone No	Telephone No
Birth Date	Drivers License No. and State
Your Part-Time or Full-Time 3	Company Name
Street Address	
College	Major
Class: Fresh Soph	
Expected Date of Graduation_	
Parent or Guardian	Telephone No
Complete Address	
Employer's Name	
Spouse's Name	Spouse's Employment
Spouse's Parents	Telephone No
Complete Address	

sisters, i.e. Mrs. (Name	
Name	Address
Personal References	(clergy, former teacher, parent's neighbor):
ame	Address
ame	Address
nsurance Company or	r Agent:
Automobile	Address
ife	Address
Credit Cards, Chargenecessary):	e Accounts, and Other Loans (use reverse side if
Name and Location of	f Bank at which You Have an Account:
High School:	
Name	Address
	ON IS CORRECT AND COMPLETE AND I HEREBY AUTHORIZE UIRED BY THE UNIVERSITY.
Signature	Date

Brothers and sisters over 18 not living at home (list current names of

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