

**LOAN DISCLOSURE STATEMENT  
NEVADA WICHE  
PROFESSIONAL STUDENT EXCHANGE PROGRAM (PSEP)**

This document provides an outline of the terms and conditions of the **PharmacyD PSEP** financial obligation for a **three-year funding period**. The support fee and interest amounts are **ESTIMATES ONLY**. Amounts may differ depending upon the actual approved support fee, terms of the loan, and additional accrued interest or fees. Your signature acknowledges that you understand the payback obligation to Nevada WICHE and the State of Nevada.

**IF YOU DO PRACTICE IN NEVADA AS REQUIRED, YOU WILL OWE:**

Student Loan: 25% of support fee paid to school on your behalf	Amount you will be required to repay (student loan + interest)	Monthly payment amount:
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Year 1 = \$ 2,717	Principal = \$ 8,270	
Year 2 = \$ 2,777	Interest = \$ 275	<b>\$146</b>
<u>Year 3 = \$ 2,777</u>	<b>Total = \$ 8,545</b>	
Total = \$ 8,270		

**IF YOU DO NOT PRACTICE IN NEVADA AS REQUIRED, YOU WILL OWE:**

Support Fee: 100% of support fee paid to school on your behalf	Amount you will be required to repay (full obligation + interest)	Monthly payment amount:
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Year 1 = \$ 10,867	Principal = \$ 33,081	
Year 2 = \$ 11,107	Interest = \$ 8,802	<b>\$508</b>
<u>Year 3 = \$ 11,107</u>	<b>Total = \$ 41,883</b>	
Total = \$ 33,081		

Estimated Repayment Schedule & Terms

Payment Schedule:	Student loan: 5 years / Support Fee: 10 years
Interest Rate:	1% if practicing in Nevada as required, unsubsidized beginning with first disbursement. 8% if not practicing in Nevada as required, unsubsidized beginning with first disbursement.
Forbearance Period:	Grace period is 1 year from date of graduation. No payment is required during this time.
Other Fees:	Late fees, letter fees, return check fees, etc., are applicable. Please see your contract for details.
Disbursement Date to Schools:	January of each year.
Payment Due Dates	Monthly, following grace period.

(OVER)

**LOAN DISCLOSURE STATEMENT  
NEVADA WICHE  
PROFESSIONAL STUDENT EXCHANGE PROGRAM (PSEP)**

This document provides an outline of the terms and conditions of the **Pharmacy PSEP** financial obligation for a **four-year funding period**. The support fee and interest amounts are **ESTIMATES ONLY**. Amounts may differ depending upon the actual approved support fee, term of loan, and additional accrued interest or fees. Your signature acknowledges that you understand the payback obligation to Nevada WICHE and the State of Nevada.

**IF YOU DO PRACTICE IN NEVADA AS REQUIRED, YOU WILL OWE:**

Student Loan: 25% of support fee paid to school on your behalf	Amount you will be required to repay (student loan + interest)	Monthly payment amount:
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Year 1 = \$ 2,038	Principal = \$32,400	
Year 2 = \$ 2,083	Interest = \$ 317	<b>\$147</b>
Year 3 = \$ 2,083	<b>Total = \$ 8,602</b>	
<u>Year 4 = \$ 2,083</u>		
Total = \$ 8,285		

**IF YOU DO NOT PRACTICE IN NEVADA AS REQUIRED, YOU WILL OWE:**

Support Fee: 100% of support fee paid to school on your behalf	Amount you will be required to repay (full obligation + interest)	Monthly payment amount:
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Year 1 = \$ 8,150	Principal = \$ 33,140	
Year 2 = \$ 8,330	Interest = \$ 10,141	<b>\$525</b>
Year 3 = \$ 8,330	<b>Total = \$ 43,281</b>	
<u>Year 4 = \$ 8,330</u>		
Total = \$ 33,140		

Estimated Repayment Schedule & Terms

Payment Schedule:	Student loan: 5 years / Support Fee: 10 years
Interest Rate:	1% if practicing in Nevada as required, unsubsidized beginning with first disbursement. 8% if not practicing in Nevada as required, unsubsidized beginning with first disbursement.
Forbearance Period:	Grace period is 1 year from date of graduation. No payment is required during this time.
Other Fees:	Late fees, letter fees, return check fees, etc., are applicable. Please see your contract for details.
Disbursement Date to Schools:	January of each year.
Payment Due Dates	Monthly, following grace period.

(OVER)

**Note:** Due to federal regulations, we must provide you this information during the application, loan approval, and loan consummation stages. Therefore, this form will be sent to you **three (3) times** to ensure you are aware of financial responsibilities.

**About the repayment example:** The repayment example above is based on the best estimate currently available. It assumes that the borrower remains in school for the duration of their studies and has a one year grace period before beginning payment. The second example reflects non-fulfillment of the service obligation.

**Bankruptcy Limitations.** If you file for bankruptcy you may still be required to pay back this loan.

**Forbearance period:** Payments are not required, but can be made without penalty, during this time.

**Other loan options:** Find out more about other loan options by contacting your school's financial aid office or the Department of Education at <https://studentaid.ed.gov/sa/>. *Should your WICHE support fee put you over the maximum student aid allowed, this amount may be subtracted from any federal support you may receive.* Some schools have school-specific student aid terms not detailed on this form. Contact your financial aid office for more information regarding how your WICHE support will be allocated.

**Prepayment:** There is no prepayment penalty for early payoff. However, you will be required to pay the outstanding accrued interest through the payoff date.

**The terms of the loan offer are good for 30 days.** You have 30 days from the approval date to accept the lending offer during which the terms will not change. Further, you will have a three-day right to cancel the loan.

**Contracts may offer additional terms and conditions.**

I HEREBY ACKNOWLEDGE RECEIPT OF THE LOAN DISCLOSURE STATEMENT.

DATED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

**A COPY OF THIS STATEMENT SHOULD BE RETAINED FOR YOUR RECORDS**