Drexel University Thomas R. Kline School of Law Loan Repayment Assistance Program

Exit Form

Note: The Exit Form is required of all participants and is used to determine eligibility for forgiveness of any outstanding LRAP loans or the amount of over-awards that must be repaid

Name			
Address			
Home Phone	Work Phone		
SS#	E-Mail		
Dates of Law School Enrollment	Graduation Date		
1. Date of Last LRAP Award			
2. The reason I am leaving LRAP (check all that apply):			
Ineligible because of a move to non-LRAP qualifying employment			
Ineligible because of a salary increase			

- Ineligible because loans are paid off or other changes in my loan payments
- □ Ineligible because of a change related to spouse/domestic partner income
- □ Ineligible because I am receiving loan repayment assistance from another source
- 🗌 Other

3. Employment - To confirm the amount of your previous LRAP awards and/or calculate possible other awards, please provide the following:

a. Information about **your** last LRAP eligible employment

Employer	Salary	Beginning Date	Ending Date	

Comments	
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b. Marital status and **your spouse/domestic partner's** employment information

Spouse/Domestic Partner Name	Employer	Spouse/Domestic	Salary Effective Dates
and Date of Marriage/Union		Partner Salary	(from/to)

c. Other Information -- List any additional information on salary, bonuses, assets, other income, or household changes that took place during the past 12 months that may be necessary for a recalculation of your LRAP awards, attaching additional pages if necessary.

Comments

4. Current Loan Balance(s)

Lender	Loan Number	Type of Loan	Total Amount Outstanding	Amount of Monthly Payment	Date Next Payment Due	Interest Rate (%)	Repayment Period (yrs)

Certification

I understand that LRAP benefits are adjusted if my actual income differs from the income used when determining benefits. Accordingly, if changes reported on the Exit Form result in an over-award determination for any prior period, I understand that I must repay the over-awarded amount according to a schedule agreed upon with the LRAP Administrator. I certify that all information provided on this form is true and complete to the best of my knowledge. Upon request and in a form satisfactory to the LRAP Administrator, I agree to provide proof of the information set forth herein.

Applicant's Signature	Date	
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T Yes	□ No	
Repayment Amount		