

Student Permanent Address (Street, City, State, Zip)

Student's Social Security Number

## MASTER PROMISSORY NOTE

Claremont McKenna College, Permanently Restricted Student Loan Fund

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STUDENT NAME:	DATE:
For value received, I promise to pay Claremont McKenna College (C payment office located in the Office of Financial Services at the Claremay be advanced to me in equal monthly payments with a maximum below.	emont University Consortium the sum of the amounts as
I understand and agree:	
<ul> <li>a. Repayment. My first payment will be due on the first of graduation or withdrawal from CMC and continue until College or the Office of Financial Services at the Clarent disclosure statement setting forth the exact dates my pay b. Information. I am responsible for informing CMC and University Consortium of any change to my name, addressed the Office of Financial Services at the Claremont Universattend to obtain information concerning my student state withdrawal, transfer to another school, or my current ad The due date on this Note or any installment due on this time graduate school enrollment.</li> <li>c. Delinquency and Default. If default be made in payment this Note when due and said default continues for thirty and payable with interest at the rate of 9% per annum. In</li> </ul>	mont University Consortium will provide me with an exit yments will be due when I leave CMC. If the Office of Financial Services at the Claremont ress and or school enrollment status. I authorize CMC and crisity Consortium to contact any school which I may us, year of study, dates of attendance, graduation or
NOTICE TO THE B	ORROWER
<ol> <li>Do not sign this agreement before you read it or if it.</li> <li>You are entitled to a completely filled in copy of this pay off in advance the full amount due.</li> <li>The undersigned has the right at any time to prepay penalty.</li> </ol>	s agreement. Under law, you have the right to
EACH PERSON SIGNING THIS AGREEMENT ACKNOWLED AGREEMENT S/HE READ AND RECEIVED AN EXACT, CON I ACCEPT USE OF THIS FORM AS MY MASTER PROMISSO THE CLAREMONT MCKENNA COLLEGE, PERMANENTLY R	MPLETE, FILLED-IN COPY OF THIS AGREEMENT.  DRY NOTE FOR ALL LOANS RECEIVED UNDER
Anticipated Date of Graduation:	
Signature (Student)	Signature (Co-Signer)
Student's (Borrower's) Name (Print)	Co-Signer's Name (Print)

Co-Signer Permanent Address (Street, City, State, Zip)

Co-Signer's Social Security Number