

UNIVERSITY COLLECTIONS/PURDUE UNIVERSITY

REQUEST FOR DEFERMENT/PARTIAL CANCELLATION FOR NURSE AND MEDICAL TECHNICIAN EMPLOYMENT

NATIONAL DEFENSE/NATIONAL DIRECT/ FEDERAL PERKINS LOAN PROGRAM

You must apply for benefits twice during each year of service/employment. Submit at the beginning of the year as a Request for Deferment; submit at the completion of the year as a Request for Partial Cancellation. A form must be completed for each complete year of full-time service/employment. If you change jobs during the year, a form must be completed by each employer. Partial years do not qualify for cancellation. If no breaks in employment occur, partial years can be added together to qualify as a complete year.

PART I—GENERAL INFORMATION (To be completed by borrower)

Loan Number _____ Name _____ Address _____ City, State, Zip _____ Daytime Phone (_____) _____ Evening Phone (_____) _____ E-mail Address _____	RETURN COMPLETED AND CERTIFIED FORM TO: University Collections Office Schleman Hall of Student Services, Room 350 475 Stadium Mall Drive West Lafayette, IN 47907-2050 Phone: (765) 494-5350 Fax: (765) 494-9154 E-mail: uco@purdue.edu
Effective October 7, 1998, this cancellation is available to any Perkins Student Loan borrower, regardless of the date and the terms of the promissory note. Please contact the University Collections Office regarding eligibility for cancellation for service/employment performed prior to October 7, 1998. For these cancellations the rate is 15% for the first and second years, 20% for the third and fourth years, and 30% for the fifth year, up to 100%. Check the appropriate box of service/employment. See back of this form for specific cancellation criteria, and Employer Certification.	
<input type="checkbox"/> Nurse (provide a copy of your state license) Date license issued _____	<input type="checkbox"/> Medical Technician (provide a copy of your state license) Date license issued _____

PART II—DEFERMENT REQUEST (To be completed by borrower)

I request **DEFERMENT** of payments of principal and interest while I complete the year of eligible service/employment. I agree to notify University Collections immediately upon a change in my service/employment. I understand that if, for any reason, I do not complete the full year of service/employment for which I have requested deferment benefits, my loan will return to the appropriate repayment status. (The dates provided below will extend into the future.)

_____ Year Starting (month/day/year)	_____ Year Ending (month/day/year)	_____ Signature of Borrower	_____ Date
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PART III—CANCELLATION REQUEST (To be completed by borrower)

I Request **PARTIAL CANCELLATION** of my loan for completed service/employment. (The service/employment period must cover a full year, and will be in the past.)

_____ Year Starting (month/day/year)	_____ Year Ending (month/day/year)	_____ Signature of Borrower	_____ Date
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PART IV—UNIVERSITY COLLECTIONS OFFICE USE ONLY

National Defense Loan National Direct/Federal Perkins Loan

Loan	Cancellation Period	Principal Cancelled	Interest Cancelled	Code	% Cancelled	Principal Balance After Cancellation	Deferment Period

Approved Official _____ Date _____
 Disapproved Reason for Disapproval _____

SEE BACK OF FORM FOR SPECIFIC CANCELLATION CRITERIA AND EMPLOYER CERTIFICATION

