

NFLP REQUEST FOR PARTIAL CANCELLATION

DIRECTIONS—You must complete this form if you are a borrower under the Nurse Faculty Loan Program in order to claim entitlement to loan cancellation. The form must be submitted for each complete year of full-time nurse faculty employment. **Section 4 must be completed by your employer.**

Please retain a copy of this form for your records.

RETURN FORM:

In person on campus:
 Student Account Assistance
 211 Robert H. Bruininks Hall
By mail to:
 Student Account Assistance
 211 Robert H. Bruininks Hall
 222 Pleasant St. SE
 Minneapolis, MN 55455

By fax to:
 612-624-2873

Questions?
 Phone: 612-625-8007
 Email: stdtloan@umn.edu

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

SECTION 1. Borrower information		
Name (last, first, middle initial)		
University ID or last 4 digits of SSN	Home phone (include area code)	Cell phone (include area code)
Address (street, apartment or PO Box number, city, state, ZIP code)		
SECTION 2. Employer information		
<i>I hereby apply for a partial cancellation of my Nurse Faculty Loan in the appropriate amount of principal and interest, in accordance with Sections 846A of the Public Health Service Act, as amended by Public Law 107-205, for one year of employment as a full-time nurse faculty.</i>		
Name of employer	Employer type <input type="checkbox"/> Public <input type="checkbox"/> Private (for profit) <input type="checkbox"/> Private (not for profit)	
Address of employer (street, city, state, ZIP code)	Period of employment (must be a full year) _____ to _____ (mm/dd/yyyy) (mm/dd/yyyy)	
SECTION 3. Borrower certification		
Student signature	Date	
SECTION 4. Employer certification		
This section must be completed by an authorized official from the student's place of employment. I hereby certify that the above statements concerning full-time nurse faculty employment and the period of service are true and correct.		
Name of authorized official	Position title of authorized official	
Employer signature	Date	

office use only			
Cancellation rate by year for employment as nurse faculty:			
<input type="checkbox"/> First year - 20% <input type="checkbox"/> Second year - 20% <input type="checkbox"/> Third year - 20% <input type="checkbox"/> Fourth year - 25%			
Principal amount	Interest amount	Initials	Date



To request copies of this form in an alternative format, please call a Disabilities Services liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.

