REQUEST FOR PARTIAL CANCELLATION

NURSE FACULTY LOAN PROGRAM

INSTRUCTIONS: A borrower under the Nurse Faculty Loan Program must file this form with the school of nursing to claim entitlement to loan cancellation for full-time nurse faculty employment pursuant to Section 846A of the amended by Public Law 107-205. The form must be submitted for each complete year of full-time nurse faculty. As of 7/1/2017 full time employment can include part time faculty at a school of nursing in combination with another part-time faculty position or part-time clinical preceptor position affiliated with an accredited School of Nursing that taken together equals full time employment.

It is the responsibility of t he borrower seeking cancellation to (a) complete Part I, (b) obtain certification by the employing agency in Part II, and (c) forward the original to the address below for cancellation of the loan at the appropriate rate in lieu of payment. **Two forms are required for each year of employment: A postponement form at the beginning of the year and a cancellation form at the end of the same year.**

Important Note: If you teminate full-time employment as nurse faculty prior to completing the year, the installment repayments will be due immediately.

NAME AND ADDRESS OF THE APPLICANT *(include Zip Code)*	**ACCOUNT NUMBER:**
	SOCIAL SECURITY NUMBER:
	NAME AND ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE *(include Zip Code)*
EMAIL ADDRESS:	**DATE GRADUATED:**

TELEPHONE NUMBER:
Home ( ) WORK ( ) CELL ( )

PART 1 – Completed by Borrower

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.

NAME AND ADDRESS OF EMPLOYING AGENCY ***(include Zip Code)***	**PERIOD OF EMPLOYMENT:**	
	BEGINNING (Month, Day, Year)	**END** (Month, Day, Year)
	POSITION TITLE OF APPLICANT	
	SIGNATURE OF APPLICANT	**DATE**

PART II – Certification By Employing Agency

I hereby certify that the above statements concerning full-time nurse faculty employment and the period of service are true and correct.

NAME AND ADDRESS OF EMPLOYING AGENCY ***(include Zip Code)***	**SIGNATURE OF AUTHORIZED OFFICIAL**	
	TITLE	**DATE**
CHECK: **Public** **Private for Profit** **Private not for Profit**		

PART III – Partial Loan Cancellation (To be completed by Lending School)

The above named individual's loan account has been credited for partial cancellation for full-time employment as nurse faculty in accordance with the Section 846A of the Public Health Service Act, as amended, in the following amounts:

CANCELLATION RATE BY YEAR FOR EMPLOYMENT AS NURSE FACULTY:	**CANCELLED:**
	PRINCIPAL AMOUNT
1st Year – 20% **2nd Year – 20%**	
3rd Year – 20% **4th Year – 25%**	

SIGNATURE OF AUTHORIZING OFFICIAL – LENDING SCHOOL	**TITLE**	**DATE**

Once properly completed, you may return this form to :

Widener University--Perkins Loan Office
One University Place, Chester, PA 19013
p: 610-499-4185
e: collectionoffice@widener.edu