

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

NFLP REQUEST FOR POSTPONEMENT OF INSTALLMENT PAYMENT

INSTRUCTIONS: A Nurse Faculty Loan may be postponed in lieu of payment only if you are employed full-time as faculty at a school of nursing and expect to claim partial cancellation of your loan at the end of each complete year of such employment. On or after 7/1/2017 full time employment can include part-time faculty at an accredited school of nursing in combination with another part-time faculty position or a part-time clinical preceptor position affiliated with an accredited school of nursing that taken together equals full time employment. This form must be filed annually in lieu of payment. A Request for Cancellation form must be filed at the completion of each teaching year to receive the partial cancellation.

IMPORTANT NOTE: If you terminate full-time employment as nurse faculty prior to completion of any year, the postponed installment repayments are immediately due and payable.

NAME AND ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE	NAME AND ADDRESS OF BORROWER <i>(Include Zip Code)</i>
	ACCOUNT NUMBER/SSN

PART I – CERTIFICATION OF EMPLOYMENT *(To be completed by Borrower)*

NAME AND ADDRESS OF EMPLOYER	TITLE OF POSITION
	EMPLOYMENT START DATE (Month, Day, Year)
	EMPLOYMENT END DATE (Month, Day, Year)

I certify that I am employed full-time as nurse faculty as indicated above and expect to complete one year of such employment on _____ (month-day-year), at which time I shall secure cancellation of a portion of my loan in accordance with the Section 846A of the Public Health Service Act, as amended by Public Law 107-205. I therefore request postponement of payment of repayment installments.

SIGNATURE OF BORROWER	DATE
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PART II – CERTIFICATION OF EMPLOYMENT *(To be completed by Employer)*

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

NAME AND ADDRESS OF EMPLOYER	SIGNATURE OF AUTHORIZED OFFICIAL
	TITLE
CHECK: <input type="checkbox"/> Public <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit	DATE

Postponement Granted from (date)	to (date)	Processed by:
		Date Processed: