

**REQUEST FOR PARTIAL CANCELLATION/POSTPONEMENT/
DEFERMENT FOR SERVICE EMPLOYMENT**

**NATIONAL DEFENSE/NATIONAL DIRECT
FEDERAL PERKINS STUDENT LOAN PROGRAM**

FOR CANCELLATION FILE THIS FORM AT THE COMPLETION OF YOUR YEAR OF FULL-TIME EMPLOYMENT FOR PREVIOUS YEAR. FOR POSTPONEMENT, FILE AT THE BEGINNING OF A NEW YEAR. INSTRUCTIONS ON BACK OF THIS FORM. PLEASE PRINT IN INK OR TYPE.

PART 1 GENERAL INFORMATION (To be completed by the borrower)

ACCOUNT NUMBER & LOAN FUND _____ NAME OF BORROWER (Last, First, Middle) _____ STREET ADDRESS _____ CITY, STATE, ZIP _____ Home Telephone # _____ Work Telephone # _____	Minnesota State Colleges & Universities Financial Collections Wells Fargo Place 30 7 th St E., Suite 350 St Paul, MN 55105-7804 Tel: (651) 917-4700 Fax: (651) 917-4711 Email: loans@csu.mnscu.edu
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This form must be filed in lieu of payment if you are providing a service or employed below and wish to claim entitlement of such loan at the beginning or end of a complete year.

CHECK APPROPRIATE BOX TO INDICATE TYPE OF SERVICE/EMPLOYMENT- REFER TO REVERSE SIDE OF FORM FOR FURTHER ELIGIBILITY CRITERIA.

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| <input type="checkbox"/> (A) Military- All disbursements to date.
<input type="checkbox"/> (B) Peace Corp/Vista- First time borrowers with disbursements on and after 7/1/87 to date
<input type="checkbox"/> (C) Full-Time Law Enforcement/Correctional Officers- Attach official job description.
<input type="checkbox"/> (D) Full-Time Qualified Professional Provider of Early Intervention Service- Attach official job description.
<input type="checkbox"/> (E) Full-Time Employee of Child or Family Service Agency- Attach official job description. | <input type="checkbox"/> (F) Full-Time Nurse
STATE BOARD DATE _____ RN or LPN LICENSE # _____
<input type="checkbox"/> (G) Full-Time Medical Technician providing health care
Attach official job description
STATE BOARD DATE _____ LICENSE # _____
<input type="checkbox"/> (H) Other Full-Time Allied Health Profession (List) _____
Attach official job description
LICENSE# OR BOARD DATE IF APPLICABLE _____ |
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I HEREBY APPLY FOR A PARTIAL CANCELLATION/POSTPONEMENT OF MY NDSL/PERKINS LOAN FOR ONE COMPLETE YEAR OF SERVICE/EMPLOYMENT AS DESCRIBED ABOVE, OR DEFERMENT FOR LESS THAN A COMPLETE YEAR AS NOTED.

YEAR STARTING (Month-Day-Year)	YEAR ENDING (Month-Day-Year)	SIGNATURE OF BORROWER	DATE
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I EXPECT TO CONTINUE WORKING IN THIS POSITION FOR THE NEXT YEAR? YES ___ NO ___

PART II CERTIFICATION OF SERVICE EMPLOYMENT (To be completed by employer or appropriate official)

I CERTIFY THAT HE/SHE IS EMPLOYED OR SERVING FULL TIME AS STATED ABOVE AND THE DESCRIPTION OF HIS/HER DUTIES IS TRUE AND CORRECT.

NAME OF APPLICANT _____ POSITION/TITLE OF APPLICANT _____ NAME AND ADDRESS OF EMPLOYING AGENCY _____	SIGNATURE OF AUTHORIZED OFFICIAL _____ TITLE OF AUTHORIZED OFFICIAL _____ DATE _____ PHONE NUMBER () _____	OFFICIAL SEAL OR STAMP OF SERVICE/EMPLOYING AGENCY (If none available a letter of certification on agency letterhead is required)
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PART III FOR OFFICE USE ONLY

DATES OF EMPLOYMENT
From _____ To _____

CANCELLATION:	Principal Canceled:	Code	Principal Balance After This Transaction:
Approved Y N			

POSTPONEMENT:	Code	From	To	DEFERMENT:	From	To
Approved Y N				Approved Y N		

FORM PROCESSED BY: _____	DATE: _____
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**SERVICE/EMPLOYMENT FOR CANCELLATION/POSTPONEMENT/DEFERMENT
INSTRUCTIONS AND ELIGIBILITY REQUIREMENTS**

INSTRUCTIONS:

1. Fully complete Part I (form will be returned if missing any information).
2. Sign and date form.
3. Have form certified in Part II. If an official seal or stamp is not available, verification of your service/employment must be submitted on letterhead stationery.
4. Include an official job description.
5. If you changed employment agencies during your postponement/deferment period, there may be NO breaks in employment. Complete a cancellation form for all applicable positions from each employer.

- A. **Military** To qualify, you must have served active duty for twelve consecutive months in the US Army, Navy, Air Force, Marine Corps or Coast Guard. In addition, borrowers with loans made after 6/30/72 must have been receiving combat pay.
- B. **Peace Corp/VISTA** To qualify, you must have served full-time for one complete year with Peace Corps or Domestic Volunteer Service Act of 1973 (Vista or Action).
- C. **Law Enforcement** To qualify, you must have been employed full-time in service to a local, state, or federal agency whose activities pertain to crime prevention. Primary responsibility is control or reduction of criminal law and crime prevention. Activities include police efforts, criminal court jurisdiction, corrections, probation, or parole authorities. Agencies and positions whose primary responsibilities are civil, regulatory, administrative or support are not eligible.
- D. **Qualified Professional Provider of Early Intervention Service** To qualify, you must have been employed full-time as a provider in a public or other non-profit program under public supervision. The agency must be in compliance with Section 676 (b) (a) of the Individual with Disabilities Education Act. Your duties must comply with Section 672 (2) of the same act.
- E. **Employee of Child or Family Service Agency** To qualify, you must have been employed full-time in a public or private non-profit child or family service agency. You must provide or supervise the provision of services to high-risk children and their families. High risk children are individuals under the age of 21 who are low-income or at risk of or have been abused or neglected, have serious emotional, mental, or behavioral disturbances, reside in placement outside the home, or are involved in the juvenile justice system.
- F. **Nurse** To qualify, you must have been employed full-time as a licensed practical nurse, a registered nurse, or other individual who is licensed by appropriate state agency to provide nursing services.
- G. **Medical Technician or other Allied Health Professional** To qualify, you must have been employed full-time as an allied health professional, working a field such as therapy, dental hygiene, medical technology, or nutrition. You must assist, facilitate, or complement the work of physicians or other specialists in the health care system. You must be certified, registered, or licensed by the state agency within the state where you provide this service.

CANCELLATION RATES

MILITARY	12.5% per year for 4 years maximum. Maximum cancellation of 50% of original loan
PEACE CORP/VISTA	15% for 1st and 2nd year 20% for 3rd and 4th year Maximum cancellation of 70% of original loan
ALL OTHERS	15% for 1st and 2nd year 20% for 3rd and 4th year 30% for 5th year Maximum cancellation of 100% of original loan