



REQUEST FOR PARTIAL CANCELLATION - MEDICAL TECHNICIAN OR NURSE

Warning: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment, or both under the U.S. Criminal Code and 20 U.S.C S1097.

Enter requested information below.

SSN [] [] [] - [] [] - [] [] [] [] [] []

Name _____

The University of Oklahoma

Address _____

STUDENT LOAN-Office of the Bursar

City, State, Zip _____

1000 Asp Ave., Room 208

Telephone - Home () _____

Norman, Oklahoma 73019-4072

Telephone - Other () _____

(405) 325-5876

Account Number(s) _____

SECTION 1 - REQUEST FOR DEFERMENT (To be completed in full by borrower)

Name and address of Organization where employed:

Description of Exact Duties (attach sheet if necessary):

Beginning: _____
Month, Day, Year

Ending: _____
Month, Day, Year

Signature: _____ Date: _____

I declare that I am employed full-time in the organization shown above. I request deferment of the principal borrowed in accordance with Title IV Federal Regulations.

I understand that by requesting a deferment or cancellation during my original grace period, I am conditionally waiving my rights to said grace period.

SECTION 2 - REQUEST FOR CANCELLATION (To be completed in full by borrower)

Name and address of Organization where employed:

Description of Exact Duties (attach sheet if necessary):

Requesting cancellation for the completed year of service

Beginning: _____
Month, Day, Year

Ending: _____
Month, Day, Year

Signature: _____ Date: _____

I declare that I was employed full-time in the organization shown above. I request cancellation (reduction) of the principal borrowed in accordance with Title IV Federal Regulations.

SECTION 3 - CERTIFICATION BY EMPLOYER

Attach a detailed job description, the job title and dates of employment on company letterhead.

Name of Organization:

Address (Street, City, State, Zip, & County):

Telephone Number: ()

Signature of Authorized Official: _____

Date: _____

Typed Name of Authorized Official: _____

Title: _____

MEDICAL TECHNICIAN/NURSE CANCELLATION FORM

A full-time nurse or medical technician providing health care services.

MEDICAL TECHNICIAN

An allied health professional (working in fields such as therapy, dental hygiene, medical technology, or nutrition) who is certified, registered, or licensed by the appropriate state agency in the state in which he or she provides health care services; an allied health professional is someone who assists, facilitates, or complements the work of physicians and other specialists in the health care system.

NURSE

A licensed practical nurse, a registered nurse, or other individual who is licensed by the appropriate state agency to provide nursing services.

CANCELLATION RATES

A borrower's loan is canceled at the rates shown below for each completed year of full-time service.

FIRST AND SECOND YEAR	Fifteen percent of the original principal loan amount.
THIRD AND FOURTH YEAR	Twenty percent of the original principal loan amount.
FIFTH YEAR	Thirty percent of the original principal loan amount.

SECTION 4 - COMPLETED BY LENDING INSTITUTION

Approved at 15% 20% 30%

Disapproved because _____

Signature of Official: _____ Date: _____

Principal Canceled: _____ Interest Canceled: _____

New Principal Balance: _____ Payment Postponed Until: _____