REQUEST FOR PARTIAL CANCELLATION
NURSE FACULTY LOAN PROGRAM

INSTRUCTIONS: A borrower under the Nurse Faculty Loan Program must file this form with the University of Texas which made the loan in order to claim entitlement to loan cancellation for full-time nurse faculty employment pursuant to Section 846A of the Public Health Service Act, as amended by Public Law 107-205.

A form must be submitted for each complete year of full-time nurse faculty employment in a school of nursing. It is the responsibility of the borrower seeking cancellation to (a) complete Part I, (b) obtain certification by the employing agency, Part II, and (c) forward the original form to the University of Texas at Austin for cancellation of the loan at the appropriate rate in lieu of payment. The University will complete Part III, indicating the amount of cancellation earned (principal and interest) and will send confirmation of the amounts cancelled to the borrower.

NAME AND ADDRESS OF SCHOOL:
The University of Texas at Austin
Loan Services
PO Box Q
Austin, Texas 78713-8917
Phone: 512-475-7779, opt. 3
FAX: 512-471-0212

PART I – 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 Section 846A of the Public Health Service Act, as amended, for one year of employment as a full-time nurse faculty.

NAME AND ADDRESS OF APPLICANT: (print clearly)

PERIOD OF EMPLOYMENT:
BEGINNING (Month, Day, Year) END (Month, Day, Year)

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 OF APPLICANT

POSITION TITLE OF APPLICANT

NAME AND ADDRESS OF EMPLOYING AGENCY

SIGNATURE OF AUTHORIZED OFFICIAL

PICK: ☐ Public ☐ Private for Profit ☐ Private not for Profit

TITLE DATE

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:
☐ 1ST YEAR – 20% ☐ 3RD YEAR – 20%
☐ 2ND YEAR – 20% ☐ 4TH YEAR – 25%

CANCELLED:
PRINCIPAL AMOUNT INTEREST AMOUNT

SIGNATURE OF AUTHORIZING OFFICIAL – LENDING SCHOOL DATE

TITLE