

US DEPARTMENT OF HEALTH AND HUMAN SERVICES
 PUBLIC HEALTH SERVICE
 HEALTH RESOURCES AND SERVICES ADMINISTRATION
 BUREAU OF HEALTH PROGRESSIONS
 5600 FISHERS LANE, PARKLAWN BUILDING
 ROCKVILLE, MARYLAND 20857

**REQUEST FOR POSTPONEMENT OF INSTALLMENT PAYMENT
 NURSE FACULTY LOAN PROGRAM**

INSTRUCTIONS: A Nurse Faculty Loan may be postponed, in lieu of payment in accordance with the repayment schedule furnished by the school from which the loan was made, only if the borrower is employed full-time as a faculty at a school of nursing and expects to claim partial cancellation of his or her loan at the end of each complete year of such employment. The borrower must submit this completed form 30 days before the initial 9-month grace period. This form must be filed initially in lieu of payment and subsequent requests for postponements must be filed 30 days before the expiration date of the initial request for postponement each year of employment. It is the responsibility of the borrower seeking postponement of installment payment of loan to return this form properly executed to the school from which the loan was made.

IMPORTANT NOTE: Should you terminate full-time employment as nurse faculty prior to completion of a year, the installment is immediately due and payable to the lending school.

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	NAME AND ADDRESS OF APPLICANT: (print clearly) <div style="text-align: right;">Date graduated:</div>
--	---

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

NAME AND ADDRESS OF EMPLOYER	TITLE OF POSITION	
	EMPLOYMENT START DATE (Month, Day, Year)	
	UNPAID LOAN BALANCE (PRINCIPAL / INTEREST)	DUE DATE

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

SIGNATURE OF BORROWER:	DATE:
-------------------------------	--------------

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 PICK: <input type="checkbox"/> Public <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit	SIGNATURE OF AUTHORIZED OFFICIAL	
	TITLE	DATE

PART III – TO BE COMPLETED BY THE LENDING INSTITUTION

INSTITUTIONAL ACTION: <input type="checkbox"/> APPROVED Dates:	<input type="checkbox"/> DISAPPROVED Reason for disapproval:
--	--

SIGNATURE OF OFFICIAL – LENDING SCHOOL	DATE
---	-------------