Georgia College & State University

NURSE OR MEDICAL TECHNICAN
CANCELLATION

Part I: To be completed by the Borrower

Name _____ SSN_____

Address_____

City_____ State _____Zip_____

I hereby apply for cancellation of a portion of my Federal Perkins or National Direct student loan. I understand that the yearly principal cancellation rates are as follows for a maximum total of 100% after five years of eligible employment:

- Year one – 15%
- Year two – 15%
- Year three – 20%
- Year four – 20%
- Year five – 30%

I have been employed full-time for a full year providing health care services as a:

□ Nurse □ Medical Technician

My full year of employment began_____ and ended_____.
(mm/dd/yyyy) (mm/dd/yyyy)

□ I will also be so employed next year.

My daytime telephone number is _____

Date_____ Signed_____

Part II: To be completed by Borrower's Supervisor

I hereby certify that the information stated by the borrower above is true and correct to the best of my knowledge.

Name of Organization_____ *Affix seal or stamp*

City & State _____

Telephone _____

Date_____ Signed_____
Title

Mail completed forms to:
GCSU Student Loan Collections
CBX 026
Milledgeville, GA 31061