Georgia College & State University

NURSE OR MEDICAL TECHNICAN

DEFERMENT APPLICATION

Part I: To be completed by the Borrower

Name _____ SSN_____

Address_____

City_____ State _____Zip_____

I am employed full-time providing health care services as a:

□ Nurse □ Medical Technician

I hereby apply for deferment of my Perkins student loan repayments. I waive any unexpired portion of my original grace period. After each complete year of eligible employment, I may re-apply for cancellation of a portion of my loan.

The current year of employment began_____ and ends_____.
(mm/dd/yyyy) (mm/dd/yyyy)

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_____

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