



**PART II - TO BE COMPLETED BY THE EMPLOYER**

▶ Is the borrower a member of the Peace Corp or Americorp Vista?                      Yes                      No

▶ Will the borrower operate under the program for a full year?                      Yes                      No

▶ What is the borrower's title? \_\_\_\_\_  
(Please attach an official mission statement.)

\_\_\_\_\_  
Name and Title of Certifying Official

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**Cancellation forms can be mailed or faxed to:**

Boston College  
Office of Student Services, Lyons Hall  
140 Commonwealth Avenue  
Chestnut Hill, MA 02467  
Attn: Mark Schuman  
Fax: 617-552-4889