

# BOSTON COLLEGE

## REQUEST FOR CANCELLATION OF PERKINS LOAN NURSING

def/cn \_\_\_\_\_ to \_\_\_\_\_

def/cn \_\_\_\_\_ to \_\_\_\_\_

sent ltr \_\_\_\_\_

Please note: To qualify you must be employed as a full-time nurse. (A nurse is a licensed practical nurse, a registered nurse, or other individual who is licensed by the appropriate state agency to provide nursing services.)

**This form must be filled in completely, and you must include a copy of an official job description as well as a copy of your license to practice as a nurse.**

### PART I - TO BE COMPLETED BY THE BORROWER

Borrower's Name \_\_\_\_\_ BC Eagle ID or the last four digits of your Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Email Address \_\_\_\_\_

Job Description (Note: You **must** submit an official job description with this application.) \_\_\_\_\_

Name of Service Agency (Employer) \_\_\_\_\_

Address of Service Agency \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

I am including a copy of my official job description (required).

I am requesting deferment. Payment of the Perkins loan will be deferred for 12 months.

I began employment on this date: \_\_\_\_\_  
Month Day Year

I am requesting cancellation for service as a full-time nurse as certified below for the previous 12 months of full-time service.

Period of service beginning \_\_\_\_\_ and ending \_\_\_\_\_ .  
Month Day Year Month Day Year

▶ Nurses **must** provide licensing information below and include a copy of the license.

State of Licensure: \_\_\_\_\_ Type of Licensure: \_\_\_\_\_

Date License Issued: \_\_\_\_\_ License Number: \_\_\_\_\_

I am including a copy of my license (required).

▶ If applying for cancellation for the year just ending, check below if you intend to complete another 12 months of employment with the same employer:

I intend to complete another year of employment with the same employer.

▶ \_\_\_\_\_  
Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_

