

DEFERMENT APPLICATION: HEALTH CARE SERVICES NURSE/MED TECH

PART 1: To be completed by the borrower.

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

medical technician nurse

I hereby apply for postponement or deferment of my 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 _____

My daytime telephone number is _____

Date _____ Signed _____

PART 2: To be completed by the 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 _____

DFNT

***Seal or stamp MUST be attached or the letterhead for the organization

For Institutional Use Only

Time Deferred _____

Official Name _____ Date processed _____

Official Name _____ Date processed _____