

US DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
HEALTH RESOURCES AND SERVICES ADMINISTRATION  
BUREAU OF HEALTH PROFESSIONS  
5600 FISHERS LANE, PARKLAWN BUILDING  
ROCKVILLE, MARYLAND 20857

**REQUEST FOR POSTPONEMENT OF INSTALLMENT PAYMENT**  
**NURSE FACULTY LOAN PROGRAM**

**INSTRUCTIONS:** A Nurse Faculty Loan may be postponed, in lieu of payment in accordance with the repayment schedule established by the school from which the loan was made, only if the borrower is employed full-time as a faculty at a school of nursing and expects to claim partial cancellation of his or her loan at the end of each complete year of such employment.

The borrower must submit two (2) copies of this form 30 days before the initial 9-month grace period. This form must be filed annually, in lieu of payment; subsequent requests for postponement of installment payment must be filed 30 days before the expiration date of the initial request for postponement each year of employment. It is the responsibility of the borrower seeking postponement of installment payment of loan to return this form properly executed to the school from which the loan was made.

**IMPORTANT NOTE:** Should you terminate full-time employment as nurse faculty prior to completion of a year, the installment repayment(s) is immediately due and payable to the lending school.

**NAME AND ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE (Include Zip Code)**

Duke University  
Office of Student Loans  
2127 Campus Drive \* Box 90755  
Durham, NC 27708

**NAME AND ADDRESS OF BORROWER (Include Zip Code)**

**DATE GRADUATED**

**PART I – CERTIFICATION OF EMPLOYMENT (To be completed by Borrower)**

**NAME AND ADDRESS OF EMPLOYER**

**TITLE OF POSITION**

**EMPLOYMENT START DATE (Month, Day, Year)**

**UNPAID LOAN BALANCE (PRINCIPAL/INTEREST)**

**DUE DATE**

I certify that I am employed full-time as nurse faculty as indicated above and expect to complete one year of such employment on \_\_\_\_\_ (month-day-year), at which time I shall secure cancellation of a portion of my loan in accordance with the Section 846A of the Public Health Service Act, as amended by Public Law 107-205. I therefore request postponement of payment of repayment installment on the date due above.

**SIGNATURE OF BORROWER**

**DATE**

**PART II – CERTIFICATION OF EMPLOYMENT (To be completed by Employer)**

I hereby certify that the above statements concerning service of the abovenamed borrower as full-time nurse faculty are true and correct.

**NAME AND ADDRESS OF EMPLOYER**

**SIGNATURE OF AUTHORIZED OFFICIAL**

**TITLE**

**DATE**

CHECK:  Public  Private for Profit  Private not for Profit