

Request for Primary Care Leadership Track Deferment and/or Cancellation

SECTION 1: BORROWER IDENTIFICATION

Last Name: _____ First Name: _____ MI: _____

Student ID number or last 4 digits of Social Security number: _____

Current mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: (_____) _____ - _____

Email address: _____

Lender/school name: _____

School code: _____

SECTION 2: INFORMATION

A cancellation/deferment may be available if you are employed full-time as a primary care specialist, fellow or resident within seven years of graduation.

A deferment is a temporary postponement of payments. During a deferment, interest does not accrue. If you are working in a position which you believe will qualify you for a cancellation, you may request a deferment at the beginning of employment to suspend billing and defer payments of principal and interest.

A cancellation is "loan forgiveness." Following your year of service as a primary care specialist, fellow or resident, a portion of your loan balance may be cancelled. Cancellation rates are as follows:

1st year of employment	20%
2nd year of employment	20%
3rd year of employment	20%
4th year of employment	20%
5th year of employment	20%

For cancellations, a deferment should be requested prior to the first year of service. After that, request a cancellation and deferment each year on the anniversary of your original deferment.

You must provide:

1. A written request for deferment and cancellation.
2. This form, filled out accurately and completely.
3. For Section 4: An official stamp or seal is on the form. If no stamp or seal is available, a typed and signed letterhead certification by the employer verifying full-time employment and hire date of employment must be submitted.



SECTION 3: APPLICANT STATEMENT

I am/was employed over 30 hours per week as a:

Primary Care Specialist

Primary Care Fellow

Primary Care Resident

Please Select your Specialty:

Family Medicine

Primary Care Pediatrics

Internal Medicine (General Adult Medicine or Geriatrics)

Obstetrics and Gynecology

General Pediatric and Psychiatry

General Adult Medicine and Psychiatry

Medicine/Pediatric, Primary Care Geriatrics

Other: _____

Start Date of Employment:

Are you still employed?

Yes

No

If no, end date of employment:

Note: Employment dates must equal one year

I am requesting:

Deferment from

to

as I anticipate completing one full year of service

Cancellation from

to

as I have completed one full year of service



SECTION 4: EMPLOYER CERTIFICATION

Please Provide to Human Resources to complete.

Company Name:

Name of Authorized Official:

Telephone Number:

Title of Authorized Official:

Address:

City:

State:

Zip Code:

Name of Employee

Employee's Position

Did the employee work a minimum of 30 hours per week?

Yes

No

Period of time covered by this certification:

to

Authorized Official Signature:

**PLACE OFFICIAL SEAL OR STAMP HERE
(NOTARY SEAL NOT ACCEPTABLE)**

NOTE: If an employer does not have an official stamp or seal, please attach a typed and signed letterhead certification by the employer verifying full time employment, hire date, and job description.

SECTION 5: BORROWER CERTIFICATION AND AUTHORIZATION

I understand that: (1) This request will not be granted unless all applicable sections of the form are completed and requested documents are submitted; (2) All final decisions regarding my cancellation/deferment eligibility will be made in accordance with applicable Federal regulations.

I certify that: (1) The information I have provided on this form is true and correct; (2) I will provide additional documentation, as required, to support my continued cancellation/deferment status; (3) I will notify my student loan office or Heartland ECSI immediately when the condition(s) that qualified me for this cancellation/deferment end; (4) I have read, understand, and meet the terms and conditions of the deferment/cancellation for which I have applied.

Signature: _____

Date: / /

SECTION 6: INSTRUCTIONS

Please forward completed form and requested supporting documents to:

Duke University Office of Student Loans and Personal Finance
2127 Campus Dr.
Box 90755
Durham, NC 27708

If you have any questions, please e-mail us at personalfinance@duke.edu or call us at 919-660-3630

Before sending your application, verify that:

The form is filled out completely. All sections are required.

An official stamp or seal is on the form. If no stamp or seal is available, a typed and signed letterhead certification by the employer verifying full-time employment and hire date of employment must be submitted.

A written request for deferment and cancellation.

NOTE: Applications are typically processed within 10 business days. You will be notified of the status of your cancellation/deferment via email using the address provided in Section 1 of this form. In order to prevent negative credit bureau reporting, continue to make on-time payments until you have been notified that a cancellation/deferment has been posted.

