

*** FORM MUST BE RETURNED WITHIN 15 DAYS ***

Request for Postponement/Cancellation

FOR NDSL and FEDERAL PERKINS LOANS

Name _____ Student ID # _____ Date sent _____
Address _____ Birthdate _____ SS # _____
City _____ State _____ Zip _____ Telephone (_____) _____
Email Address: _____

A CANCELLATIONS / POSTPONEMENTS

- Full time teaching in low income schools *
- Full time teaching handicapped children – *
- Full time teacher shortage area math, science or languages – *
- Full time special education teacher – *
- Early Childhood Education – **Service after August 14, 2008****
- Full-time Librarian – **Service after August 14, 2008*^o**
- Full time Speech-Language Pathologist – **Service after August 14, 2008*^o**
- Full-time Faculty of a Tribal College or University – **Service after August 14, 2008*^o**
- Law enforcement*
- Public Defender – **Service after August 14, 2008*^o**
- Firefighter – **Service after August 14, 2008*^o**
- Full time nurse or medical technician – *
- Full time provider of early intervention services – *
- Full time family service provider – *
- Military service in area of hostilities – *
- Peace Corps or ACTION volunteer (Perkins Loans) ***

Mailing Address:
University of Denver
2197 S University Blvd
Denver, CO 80208-9404
303-871-4901
303-871-4401(fax)
www.du.edu/bursar

*Up to 100%. 15% 1st & 2nd year; 20% 3rd & 4th year. 30% 5th year.

** Up to 100%. 15% for each year

***Up to 70%. 15% 1st & 2nd year; 20% 3rd & 4th year.

^oOther criteria applies to cancellation

B CANCELLATION DATES

Beginning (mm/dd/yy) _____ Ending (mm/dd/yy) _____

C JOB TITLE AND JOB DESCRIPTION (Please attach details if necessary)

D DECLARATION

I declare that the information shown above is true and correct. I further declare that I will notify the University of Denver immediately upon any change in my status. I further understand that if for any reason, I am unable to complete the year of service for which I have requested postponement/deferment benefits, I will begin repayment of my loan, including postponed payments immediately.

Signature of Borrower _____ Date _____

E CERTIFICATION STATUS This must be completed before form can be processed.

Name of institution or organization _____

Address _____

City _____ State _____ Zip _____

Name of Certifying Official _____

Title of Certifying Official _____

Signature _____

Date _____ Phone No. _____

Postponement/Cancellation dates:

Beginning (mm/dd/yy) _____ Ending (mm/dd/yy) _____

Postponement/Cancellation forms must be submitted yearly.

OFFICIAL SEAL or STAMP

If not available, attach letter on letterhead paper.

F Completed by the Lending Institution (for office use only)

Beginning Date of Status _____ Ending Date _____

Signature _____ Date _____