

EXHIBIT G

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

NFLP REQUEST FOR PARTIAL CANCELLATION

INSTRUCTIONS: A borrower under the Nurse Faculty Loan Program must submit this form to the school of nursing which made the loan in order to claim entitlement to loan cancellation for full-time nurse faculty employment pursuant to Section 846A of the Public Health Service Act, as amended by Public Law 107-205. The form must be submitted for each complete year of full-time nurse faculty employment in a school of nursing. It is the responsibility of the borrower seeking cancellation to (a) complete Part I, (b) obtain certification by the employing agency, Part II, and (c) forward the original and one copy to the lending school for cancellation of the loan at the appropriate rate in lieu of payment. The lending school will complete Part III, indicating the amount of cancellation earned (principal and interest), and return the copy to the borrower making such request.

NAME AND ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE <i>(Include Zip Code)</i>	NAME AND ADDRESS OF THE APPLICANT <i>(Include Zip Code)</i>
---	--

PART I – Completed by Borrower

I hereby apply for a partial cancellation of my Nurse Faculty Loan in the appropriate amount of principal and interest, in accordance with Sections 846A of the Public Health Service Act, as amended by Public Law 107-205, for one year of employment as a full-time nurse faculty.

NAME AND ADDRESS OF EMPLOYING AGENCY <i>(Include Zip Code)</i>	PERIOD OF EMPLOYMENT	
	BEGINNING (Month, Day, Year)	END (Month, Day, Year)
	SIGNATURE OF APPLICANT	DATE

PART II – Certification by Employing Agency

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

NAME OF APPLICANT	POSITION TITLE OF APPLICANT	
NAME AND ADDRESS OF EMPLOYING AGENCY CHECK: <input type="checkbox"/> Public <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit	SIGNATURE OF AUTHORIZED OFFICIAL	
	TITLE	DATE

PART III – Partial Loan Cancellation (To be completed by Lending School)

The above named individual's loan account has been credited for partial cancellation for full-time employment as nurse faculty in accordance with the Section 846A of the Public Health Service Act, as amended, in the following amounts:

CANCELLATION RATE BY YEAR FOR EMPLOYMENT AS NURSE FACULTY: <input type="checkbox"/> 1st Year - 20% <input type="checkbox"/> 2nd Year - 20% <input type="checkbox"/> 3rd Year - 20% <input type="checkbox"/> 4th Year - 25%	CANCELLED	
	PRINCIPAL AMOUNT	INTEREST AMOUNT

SIGNATURE OF AUTHORIZING OFFICIAL – LENDING SCHOOL	TITLE	DATE
---	--------------	-------------