

NORTH CAROLINA STATE UNIVERSITY

Military Cancellation

Borrower's Information

Name:

Account Number (SSN):

Day Phone:

Address:

Evening Phone:

E mail Address:

Cell Phone:

Please list the name, address, and phone number of someone who will always know your whereabouts:

Name:

Day Phone:

Relationship:

Evening Phone:

Address:

Cell Phone:

Section 1 Cancellation Qualifications

****COPIES OF ORDERS MUST ACCOMPANY ALL REQUESTS FOR CANCELLATION****

Schools must cancel up to 100% of a Perkins Loan if the borrower is serving or has served a period of full-time active duty in the U.S. armed forces in an *area of hostiles* or and *area of imminent danger* that qualifies for special pay (defined in Section 310 of Title 37 of the U.S. Code.) The borrower's commanding officer must certify the borrower's service dates.

The "U.S. armed forces" are the United States Army, Navy, Air Force, Marine Corps, or Coast Guard.

Effective August 14, 2008, the cancellation rates are:

15% for the first and second years of service,
20% for the third and fourth years of service, and
30% for the fifth year of service.

Service for less than a complete year or a fraction of a year beyond a complete year does not qualify. A complete year of service is 12 consecutive months. If a borrower is on active duty in a hostile fire/ imminent danger pay area for any part of a month, that month counts towards the borrower's eligibility for a military cancellation.

The Department of Defense maintains an updated listing of hostile fire/imminent danger pay areas at the following URL:
www.dod.mil/comptroller/fmr/07a/index.html

Section 2 Certification Period and Signature

Please complete all the following that applies:

Deferment in anticipation of cancellation (for THIS or NEXT year) - Starting date _____ Ending date _____

Cancellation for year of worked completed (for PREVIOUS year) – Starting date _____ Ending date _____

If for any reason I am unable to complete the YEAR of service, I will inform NC State University or ECSI of the change in full time status immediately.

I declare that the information above is true and correct.

Signature of borrower _____ Date _____

Section 3 Certification by Commanding Officer

I certify that the information stated above is true and correct.

Name of Employer _____

Start Date _____ Is employee still employed Yes _____ No _____

Address _____

City _____ State _____ Zip _____

Phone _____

Signature of Authorized Official _____

Title _____

Date _____

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Approved _____ Disapproved _____ Official Name _____ Date _____

****THIS FORM WILL BE RETURNED TO THE BORROWER IF IT IS INCOMPLETE****