

# 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](http://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 \_\_\_\_\_

*INVALID WITHOUT COPY OF OFFICAL ORDERS*

**FOR INSTITUTIONAL USE ONLY**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Official Name \_\_\_\_\_ Date \_\_\_\_\_

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