General Electric Forgivable Loan Program
DEFERMENT & CANCELLATION INSTRUCTIONS

GENERAL
The process for receiving partial cancellation of your loan is usually a two-step process. When you begin service that qualifies you for cancellation, you request deferment (formerly postponement) of repayment of your eligible loan. You request cancellation when you have completed a year of qualified service. Each time, your employer must verify that you are/were employed. After the first year, if you are employed in the same service with the same employer, you may request deferment for the current year of service at the same time you request cancellation for the completed year of service.

You will receive confirmation of deferment and/or cancellation when your request is processed. If a deferment is not processed for the current year, you will receive a new form with your cancellation confirmation.

If a deferment request is not received, billing resumes. If a cancellation request is not received after a year of deferment, billing resumes.

DEFERMENT
Complete the Borrower Information and Deferment Request. Indicate the month and year billing deferment should begin. Deferment should begin the month and year you begin employment, and on a yearly basis thereafter. If you need clarification about the proper dates to use, please contact your Loan Specialist. Sign and date the form.
Your employer completes the Employer Certification section. Please note an official seal or stamp, or verification on letterhead, is required on the Employer Certification section.
Return the completed form to the Student Loan Office.

CANCELLATION
Complete the Borrower Information, the Cancellation Request (indicating the month and year billing deferment began, through the month and year you completed one year of service), and the Borrower’s Signature and Date.
If you will be continuing service with the same employer, the Deferment Request may be completed at the same time.
Your employer completes the Employer Certification section. Please note an official seal or stamp, or verification on letterhead, is required on the Employer Certification section.
Return the completed form to the Student Loan Office.

Please contact the Student Loan Office if you need additional information or assistance in completing the request for deferment or cancellation.

E-Mail: loans@po.cwru.edu
Web site: ww.cwru.edu/finadmin/controller/cont/home.htm#loan
Call toll-free: 1-800-273-2455

Fund1405-CIT/ Fund1458-WSOM
Ref.5/2000
Case Western Reserve University
General Electric Foundation Forgivable Loan Program

PLEASE COMPLETE ALL APPLICABLE PORTIONS OF THIS FORM

BORROWER INFORMATION
NAME _______________________________________________SOCIAL SECURITY NUMBER ____________________________
HOME PHONE NO. (___) ____________________ ADDRESS _______________________________________________________
WORK PHONE NO. (___) ____________________ ADDRESS _______________________________________________________

DEFERMENT REQUEST
I am requesting deferment of repayment for one year, beginning (MO/YR) _________________________________.
I understand I must apply for cancellation after I have completed one year of service.

I am currently in the following service:

____ Full-time employee on a faculty of Business or Management.
____ Full-time employee on a faculty of Engineering or Computer Science.

CANCELLATION REQUEST
I am requesting cancellation of a portion of my G. E. Forgivable Loan, because I have completed one year of service from
(MO/YR) __________________ through (MO/YR) ___________________.

I have completed the following service:

____ Full-time employee on a faculty of Business or Management.
____ Full-time employee on a faculty of Engineering or Computer Science.

BORROWER’S SIGNATURE __________________________________________ DATE __________________________

EMPLOYER CERTIFICATION (Certification must be on official letterhead, if a seal or stamp is not available.)

I certify the borrower named above is stating true and accurate employment information.

CERTIFYING OFFICIAL __________________________________ TITLE __________________________

ORGANIZATION / INSTITUTION __________________________________

ADDRESS __________________________________

Phone: (___) __________________________________

CERTIFYING OFFICIAL’S SIGNATURE __________________________________ DATE __________________________