

Drexel University Thomas R. Kline School of Law

Loan Repayment Assistance Program

Loan Forgiveness Application

Submit by November 1

Part A: To Be Completed by LRAP Recipient

Name

Address

Home Phone Work Phone

SS# E-Mail

I was employed by the following employer:

LRAP Loan Forgiveness Certification

I hereby certify that:

1. I have maintained full-time, eligible public interest employment
2. My income has not changed materially since the date of the application for my loan
3. The proceeds from the LRAP have been used to pay my student loan debt and nothing else.

I hereby certify that all the information contained in this application is true and complete to the best of my knowledge. Having complied with all LRAP requirements, I request my loan be forgiven.

Applicant's Signature Date

Part B: To Be Completed by LRAP Recipient's Employer

I hereby certify that the above-disclosed employment data is correct.

Employer's Signature Date

Title Phone E-Mail

Loan Forgiveness Approved

Yes No

LRAP Administrator Date