

# request for cancellation of Perkins loan

medical technician/allied health professional

A

A

N

H

A

CAAHE

**part ii - to be completed by the employer**

- 1)  $\frac{1}{2}$  /  $\frac{1}{2}$  ?
- 2)  $\frac{1}{2}$  /  $\frac{1}{2}$  ?