Faculty Loan Repayment Program (FLRP)
Intent of Employment

The _____ intends to employ
Institution

_____ in a faculty position
Applicant

(duties primarily consist of teaching) for a minimum of 2 years (August 1, 2006 – July 31, 2008). The position is full-time ____ or part-time ____ (**must check one**).

The institution is accredited by _____.

The institution agrees to (**must check one**):

----- make payments of principal and interest in an amount equal to the amount of such quarterly payments made by the HHS Secretary. These payments will be in addition to the applicant's faculty salary.

OR

----- request a waiver of its share of cost. (The Secretary may waive the requirement if the Secretary determines it will impose an undue financial hardship on the school.) The institution **must** provide supporting documentation such as audit report, budget report, etc.

Name: _____ Date: _____ / _____ / _____

Title: _____

Address: _____

_____

Phone: _____ - _____ - _____ ex _____

Fax : _____ - _____ - _____

E-mail: _____

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION ON THIS FORM IS SUBJECT TO PENALTIES WHICH MAY INCLUDE FINES AND IMPRISONMENT UNDER FEDERAL STATUTE.