Contents

[1. Page 1A 2](#_Toc485832580)

[2. Page 1B 4](#_Toc485832581)

[3. Page 2 4](#_Toc485832582)

[4. Page 3 7](#_Toc485832583)

[5. Page 4 11](#_Toc485832584)

[6. Page 5 13](#_Toc485832585)

[7. Page 6 14](#_Toc485832586)

[8. AOR Sub-pages 17](#_Toc485832587)

[8. Age and Gender 17](#_Toc485832588)

**Public Burden Statement:**  The purpose of this information collection request is to obtain information for the administrative requirements pertaining to the Health Professions Student Loan (HPSL), Loans for Disadvantaged Students (LDS), Primary Care Loan (PCL) and Nursing Student Loan Programs (NSL). Participating HPSL, LDS, PCL and NSL schools are responsible for determining eligibility of applicants making loans, and collecting monies owed by borrowers on their outstanding loans. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0047 and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit (HPSL – Sections 721-722 and 725-735 of the PHS Act; LDS – Sections 721-722 and 724-735 of the PHS Act; PCL – Sections 721-723 and 725-735 of the PHS Act; NSL – Sections 835-842 of the PHS Act). Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

OMB #: 0915-0047

Expiration Date: xx/xx/202x

# Page 1A

|  |  |  |  |
| --- | --- | --- | --- |
| **Student/Graduate Data** | **Cumulative ($) (Previous Years)** | **Cumulative ($) (Includes current year)** | **Current Year ($) (07/01/2020-06/30/2021)** |
| 1. Number of Loans for the <Discipline> | Prepopulated | Prepopulated |  |
| 2. Total Dollar Amount of Loans Awarded for the <Discipline> | Prepopulated | Prepopulated |  |
| 3. Total Full-Time Enrollment for the <Discipline> for the academic year (both non-HPSL and HPSL recipients) | Prepopulated | Prepopulated |  |
| 4. Total Number of Defaulted Loans for the <Discipline> | Prepopulated | Prepopulated |  |
| 5. Total Original Defaulted Principal Loaned for the <Discipline> | Prepopulated | Prepopulated |  |
| 6a. Total Number of Students who dropped out of the <Discipline> | Prepopulated | Prepopulated |  |
| 6b. Of the number above, how many of them were Health Careers Loans Branch student borrowers | Prepopulated | Prepopulated |  |
| 7a. Total Number of Health Careers Loans Branch student borrowers for the <Discipline> | Prepopulated | Prepopulated |  |
| 7b. Of the number of Health Careers Loans Branch student borrowers for the <Discipline> above, number of Active and Non Retired/Defaulted Borrowers | Prepopulated | Prepopulated and editable |  |
| 8. Total Number of Health Careers Loans Students including those who graduated during the reporting period for the <Discipline> [(Age and Gender details)](https://ehbos2.hrsa.gov/WebDSLSSubmissionsExternal/Interface/Loan/V03/AgeandGendereadOnly.aspx) | Prepopulated | Prepopulated |  |
| 9. Total Graduates (HPSL- <Discipline> only) | Prepopulated | Prepopulated |  |
| 10. Number of Health Careers Loans Branch students including those who graduated during this reporting period that indicate an intention to serve in a medically underserved community | Prepopulated | Prepopulated |  |
| 11. Number of Health Careers Loans Branch students including those that graduated during this reporting period that indicate an intention to practice in primary care | Prepopulated | Prepopulated |  |
| 12. Number of Health Careers Loans Branch students including those who graduated during this reporting period that are from rural backgrounds | Prepopulated | Prepopulated |  |

| **Current Year Graduate Special Data** | **Number of Graduates** |
| --- | --- |
| 13. Total number of full time graduates (Health Career Loans recipients and Non-Health Careers Loans recipients) at your school during the current reporting period. |  |
| 13a. Of the total number in question 1A-13, how many are URM graduates. |  |
| 13b. Of the total number in question 1A-13, how many are non-URM graduates. |  |
| 14. Total number of full time HPSL graduates during the current reporting period who indicate intent to serve in a rural area. |  |

| **Prior Year Graduate Special Data for 2019-2020 Academic Year** | **Number of Graduates** |
| --- | --- |
| 15a. Total Number Recipients who graduated in academic year 2018-2019 | 0 – Warning: If number is zero, you must provide a justification. |
| 15b. Of the Total Graduates reported in question 1A-15a, the Number of Full-Time and Half-Time Graduates in academic year 2019-2020 serving in Medically Underserved Communities | 0 – Warning: If number is zero, you must provide a justification. |
| 15c. Of the Total Graduates reported in question 1A-15a, the Number of Full-Time and Half-Time Graduates in academic year 2019-2020 serving in Primary Care | 0 – Warning: If number is zero, you must provide a justification. |
| 15d. Of the Total Graduates reported in question 1A-15a, the Number of Full-Time and Half-Time Graduates in academic year 2019-2020 who entered the field for which they received the degree | 0 – Warning: If number is zero, you must provide a justification. |
| 15e. Of the Total Graduates in question 1A-15a, the Number of Full-Time and Half-Time Graduates in academic year 2019-2020 who entered service in a rural area. | 0 – Warning: If number is zero, you must provide a justification. |
| 15f. Based on the graduates reported in 15e, what is the outstanding debt of the graduates in rural areas. | 0 – Warning: If number is zero, you must provide a justification. |

| **Student Special Data** | |
| --- | --- |
| 16. Please indicate the recruitment activities for disadvantaged students your school uses for the LDS program by checking all box(s) that apply. **(Recruitment Details)** |  |
| 16a. Are you a Community College. | The response will  be either Yes or No, provided by radio buttons or a drop down menu |
| 16b. Are you a Historically Black College or University. | The response will  be either Yes or No, provided by radio buttons or a drop down menu |
| 16c. Are you a Tribal Institution. | The response will  be either Yes or No, provided by radio buttons or a drop down menu |
| 16d. Where is your institution located? | the response should be either Rural, Urban or Other, provided by radio buttons or a drop down menu |
| 17a. Please indicate the retention and/or mentoring activities for disadvantaged students that your school uses for the LDS program by checking all boxes that apply. **(Retention Details)** |  |
| 17b. Please indicate the type of retention and/or mentoring activities for disadvantaged students your school uses for the LDS program by checking all boxes that apply. **(Type of Retention Activities Details)** |  |
| 18. Please share in the box below any success stories about LDS recipients. (Maximum 250 characters) |  |

| 19. How many LDS students received pipeline training from other HRSA programs (i.e., Health Careers Opportunity Program (HCOP) Centers of Excellence (COE) at any period of time? (Data collection period starts July 1, 2011). | | |
| --- | --- | --- |
| Description | Cumulative (Includes Current Year) | Current (New LDS Recipients) |
| HCOP | Pre-Populated |  |
| COE | Pre-Populated |  |
| Other | Pre-Populated |  |
| Other Program Titles | Pre-Populated |  |

| 20. Please provide the name of at least one health clinic that provides service to a significant number of individuals who are from disadvantaged backgrounds including members of minority groups, that your school has an agreement with to provide students with experience in providing clinical services to such individuals. (Maximum 100 characters) | |
| --- | --- |
| Clinic 1: |  |
| Clinic 2: |  |
| Clinic 3: |  |

| **Student/Graduate Data** | **Academic Year** | | **Cumulative (Previous Year)** | **Cumulative from 1993 to AY 2015-2016** |
| --- | --- | --- | --- | --- |
| **2014-2015** | **2015-2016** |
| 21. Total Graduates (<Discipline> Only) | Pre-populated |  | Pre-populated | Pre-populated |
| 22. Of the number above, the number of Graduates in Primary Care Residencies & Practice | Pre-populated |  | Pre-populated | Pre-populated |
| 23. Percentage of Graduates in Primary Health Care | Pre-populated |  |  |  |
| 24. Percentage of Change from Prior Year | Pre-populated | | | |

# Page 1B

| **Hispanic or Latino Students By Race** | **Enrollment of Discipline**  **(A)** | **New Student Recipients**  **(B)** | **Recipients Other Than New Who Did Not Graduate**  **(C)** | **Recipients Other Than New Who Graduated**  **(D)** | **Total Recipients (B+C+D)** |
| --- | --- | --- | --- | --- | --- |
| A. American Indian or Alaska Native |  |  |  |  |  |
| B. Asian |  |  |  |  |  |
| C. Black or African-American |  |  |  |  |  |
| D. Native Hawaiian or Other Pacific Islander |  |  |  |  |  |
| E. White |  |  |  |  |  |
| A. Hispanic or Latino |  |  |  |  |  |
| B. Race Not Reported |  |  |  |  |  |
| Total (A + B) |  |  |  |  |  |

| **Non-Hispanic or Non-Latino Students By Race** | **Enrollment of Discipline**  **(A)** | **New Student Recipients**  **(B)** | **Recipients Other Than New Who Did Not Graduate**  **(C)** | **Recipients Other Than New Who Graduated**  **(D)** | **Total Recipients (B+C+D)** |
| --- | --- | --- | --- | --- | --- |
| A. American Indian or Alaska Native |  |  |  |  |  |
| B. Asian |  |  |  |  |  |
| C. Black or African-American |  |  |  |  |  |
| D. Native Hawaiian or Other Pacific Islander |  |  |  |  |  |
| E. White |  |  |  |  |  |
| F. More than one race |  |  |  |  |  |
| G. Race Not Reported |  |  |  |  |  |
| Total (A + B + C + D + E + F + G) |  |  |  |  |  |

# Page 2

| **Program Accounts Section** | | | | |
| --- | --- | --- | --- | --- |
| A. Federal Funds Awarded | Cumulative ($)(Previous Year) | Cumulative ($)(Includes Current Year) | | Current Year ($) |
| 1. Federal Funds Awarded | Prepopulated | Prepopulated | | Prepopulated |
| **B. Cash Balance – Start of Report Period** |  |  | | **Current Year** |
| 1. Cash Balance – Start of Report Period |  | | | Prepopulated |
| 2. Cash Balance – Start of Report Period Adjustment | . | | | This field is grayed out for grantee. This field is only available to POs to make adjustments |
| **C. Cash Receipts** | **Cumulative ($)**  **(Previous Year)** | **Cumulative ($)**  **(Includes Current Year)** | | **Current Year ($)** |
| 1. Federal Funds Received/Receivable | Prepopulated | Prepopulated | |  |
| 2. Institutional Contributions Deposited | Prepopulated | Prepopulated | |  |
| 3. Transferred from Scholarship Fund | Prepopulated | Prepopulated | |  |
| 4. Loan Principal Collected | Prepopulated | Prepopulated | |  |
| 5. Interest Income Collected on Loans | Prepopulated | Prepopulated | |  |
| 6. Penalty Charges Collected on Loans | Prepopulated | Prepopulated | |  |
| 7. Investment Income | Prepopulated | Prepopulated | |  |
| 8. Institutional Repayments of Bad Debts, Principal | Prepopulated | Prepopulated | |  |
| 9. Institutional Repayments of Bad Debts, Interest | Prepopulated | Prepopulated | |  |
| 10. Institutional Repayments of Bad Debts, Penalty charges | Prepopulated | Prepopulated | |  |
| C. Total | Prepopulated | Prepopulated | |  |
| **D. Cash Disbursements** |  |  | |  |
| 1. Loaned to Students | Prepopulated | Prepopulated | |  |
| 2. Transferred to Scholarship Fund | Prepopulated | Prepopulated | |  |
| 3. Repayments to Federal Government, Principal | Prepopulated | Prepopulated | |  |
| 4. Repayments to Federal Government, Interest | Prepopulated | Prepopulated | |  |
| 5. Repayments to Federal Government, Other Income | Prepopulated | Prepopulated | |  |
| 6. Repayments to Institution, Principal | Prepopulated | Prepopulated | |  |
| 7. Repayments to Institution, Interest | Prepopulated | Prepopulated | |  |
| 8. Repayments to Institution, Other Income | Prepopulated | Prepopulated | |  |
| 9. Collection Agent Costs, Principal | Prepopulated | Prepopulated | |  |
| 10. Collection Agent Costs, Interest | Prepopulated | Prepopulated | |  |
| 11. Litigation Costs, Principal | Prepopulated | Prepopulated | |  |
| 12. Litigation Costs, Interest | Prepopulated | Prepopulated | |  |
| 13. Credit Bureau Fees | Prepopulated | Prepopulated | |  |
| 14. Other Costs | Prepopulated | Prepopulated | |  |
| D. Total | Total | Total | |  |
| **E. Cash Balance – End of Report Period** |  |  | | **Current Year ($)** |
| 1. Cash Balance – End of Report Period | Total | | | |
| 2. Cash Balance – End of Report Period Adjustment |  | | This field is grayed out for grantee. This field is only available to POs to make adjustments. This total should be carried over to the next years AOR as the Beginning Balance. | |

# Page 3

| **Program Accounts Section** | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **F.1. Loan Cancellations to Borrowers – Professional Practice** | | | | | | | | | | | | | | | | | | |
| **Description** | **Cumulative (Previous Year)** | | | | **Cumulative (Includes Current Year)** | | | | | | | **Current Year** | | | | | | |
|  | **Number of Borrowers** | **Principal ($)** | **Interest ($)** | | **Number of Borrowers** | | **Principal ($)** | | **Interest ($)** | | | **Number of Borrowers** | | **Principal ($)** | | **Interest ($)** | | |
| a. HP Practice – Shortage (10%) | Prepopulated | Prepopulated | Prepopulated | | Prepopulated | | Prepopulated | | Prepopulated | | |  | |  | |  | | |
| b. HP Practice – Rural Shortage (15%) | Prepopulated | Prepopulated | Prepopulated | | Prepopulated | | Prepopulated | | Prepopulated | | |  | |  | |  | | |
| F.1. Total |  |  |  | | Total | | Total | | Total | | |  | |  | |  | | |
| **F.2. Loan Cancellations to Borrowers – Nursing Employment** | | | | | | | | | | | | | | | | | | |
| **Description** | **Cumulative (Previous Year)** | | | | **Cumulative (Includes Current Year)** | | | | | | | **Current Year** | | | | | | |
|  | **Number of Borrowers** | **Principal ($)** | **Interest ($)** | | **Number of Borrowers** | | **Principal ($)** | | **Interest ($)** | | | **Number of Borrowers** | | **Principal ($)** | | **Interest ($)** | | |
| a. Nursing Employment (10%) |  |  |  | |  | |  | |  | | |  | |  | |  | | |
| b Nursing Employment (15%) |  |  |  | |  | |  | |  | | |  | |  | |  | | |
| c. Nursing Employment (20%) |  |  |  | |  | |  | |  | | |  | |  | |  | | |
| d. Nursing Employment (15%) on or after 03/23/2010 |  |  |  | |  | |  | |  | | |  | |  | |  | | |
| e. Nursing Employment (20%) on or after 03/23/2010 |  |  |  | |  | |  | |  | | |  | |  | |  | | |
| f. Nursing Employment (Other) on or after 03/23/2010 |  |  |  | |  | |  | |  | | |  | |  | |  | | |
| F.2. Total | Total | Total | Total | | Total | | Total | | Total | | | Total | | Total | | Total | | |
| **F.3. Loan Cancellations to Borrowers – Death** | | | | | | | | | | | | | | | | | | |
| **Description** | **Cumulative (Previous Year)** | | | | **Cumulative (Includes Current Year)** | | | | | | | **Current Year** | | | | | | |
|  | **Number of Borrowers** | **Principal ($)** | **Interest ($)** | | **Number of Borrowers** | | **Principal ($)** | | **Interest ($)** | | | **Number of Borrowers** | | **Principal ($)** | | **Interest ($)** | | |
| a. On HPSL Loans made on or after 10/22/85 | Prepopulated | Prepopulated | Prepopulated | | Prepopulated | | Prepopulated | | Prepopulated | | |  | |  | |  | | |
| b. On Loans except those made after F.3.a | Prepopulated | Prepopulated | Prepopulated | | Prepopulated | | Prepopulated | | Prepopulated | | |  | |  | |  | | |
| F.3. Total | Total | Total | Total | | Total | | Total | | Total | | | Total | | Total | | Total | | |
| **F.4. Loan Cancellations to Borrowers – Permanent & Total Disability Approved by HHS** | | | | | | | | | | | | | | | | | | |
| **Description** | **Cumulative (Previous Year)** | | | | **Cumulative (Includes Current Year)** | | | | | | | **Current Year** | | | | | | |
|  | **Number of Borrowers** | **Principal ($)** | **Interest ($)** | | **Number of Borrowers** | | **Principal ($)** | | **Interest ($)** | | | **Number of Borrowers** | | **Principal ($)** | | **Interest ($)** | | |
| a. On Loans made on or after 10/22/85 | Prepopulated | Prepopulated | Prepopulated | | Prepopulated | | Prepopulated | | Prepopulated | | |  | |  | |  | | |
| b. On Loans except those reported after F.4.a | Prepopulated | Prepopulated | Prepopulated | | Prepopulated | | Prepopulated | | Prepopulated | | |  | |  | |  | | |
| F.4. Total | Total | Total | Total | | Total | | Total | | Total | | | Total | | Total | | Total | | |
| **G. Bad Debts Approved For Write-Off By HHS** | | | | | | | | | | | | | | | | | | |
| **Description** | **Cumulative (Previous Year)** | | | | | **Cumulative (Includes Current Year)** | | | | | | | **Current Year** | | | | | |
|  | **Number of Borrowers** | **Principal** | **Interest** | **Penalty Charges ($)** | | **Number of Borrowers** | | **Principal ($)** | | **Interest ($)** | **Penalty Charges ($)** | | **Number of Borrowers** | | **Principal**  **($)** | | **Interest**  **($)** | **Penalty**  **Charges**  **($)** |
| Total Approved | Prepopulated | Prepopulated | Prepopulated | Prepopulated | | Prepopulated | | Prepopulated | | Prepopulated | Prepopulated | |  | |  | |  |  |

# Page 4

|  |  |
| --- | --- |
| **Excess Cash Worksheet Section** | |
| **Description** | **Amount ($)** |
| **A. General Ledger Cash Balance as of 6/30/2020** |  |
| **B. Actual Collections for 07/01/2020-06/30/2021** | |
| 1. Principal |  |
| 2. Interest |  |
| 3. Investment Income and Penalty Charges |  |
| 4. Institutional Repayments of Bad Debts (Principal, Interest & Penalty Charges) |  |
| **C. Federal Funds Received/Receivable 07/01/2020-06/30/2021** | |
| 1. Federal Funds Received/Receivable |  |
| **D. Institutional Contribution for 07/01/2020-06/30/2021** | |
| 1. Institutional Contribution |  |
| **E. Projected Collections for 7/1/2021– 6/30/2022** | |
| 1. Principal |  |
| 2. Interest |  |
| 3. Investment Income and Penalty Charges |  |
| **F. Projected Funds Available as of 6/30/2022** | |
| 1. Projected Funds Available (A+B+C+D+E) |  |
| **G. Actual Expenditures for 07/01/2020-06/30/2021** | |
| 1. Loans to Students |  |
| 2. Costs (Collection, Litigation, Credit Bureau and Other) |  |
| 3. Repayments to Federal Government and Institution (Principal, Interest and Other Income) |  |
| **H. Projected Expenditures for 7/1/2021 – 6/30/2022** | |
| 1. Loans to Students |  |
| 2. Costs (Collection, Litigation and Credit Bureau) |  |
| **I. Projected Expenditures as of 6/30/2022** | |
| 1. Projected Expenditures (G+H) |  |
| **J. Projected Cash Balance as of 6/30/2022** | |
| 1. Projected Cash Balance (F-I) |  |
| **K. Less Projected Expenditures for 7/1/2022 – 6/30/2023** | |
| 1. Less Projected Expenditures |  |
| **L. Excess Cash** | |
| 1. Excess Cash (J – K) |  |
| **M. General Ledger Ending Cash Balance as of 6/30/2021** | |
| 1. General Ledger Ending Cash Balance |  |

# Page 5

| **Program Accounts Section** | | |
| --- | --- | --- |
| **H. Default Rate (Pre-populated. No entry required)** | | |
| 1. Default Rate (%) | Prepopulated | |
| For Active Schools | | |
| 2. Excess cash($) from report page 4 that was or will be returned to PMS | Change the Verification Warning on this field to a regular Warning and make it editable. | |
| 3. Excess cash($) from report page 4 that was or will be returned to the Division of Financial Operations | Eliminate the auto-population for this field and make it editable | |
| For Closing Schools | | |
| 4. Amount of cash($) determined to be due the Federal Government and remitted separately to the Division of Financial Operations | Prepopulated | |
| **I Checklist/Questions** | | |
| 1. What is the total amount ($) of interest that is past due? |  | |
| 2. Does your institution provide for a biennial audit of the loan and/or scholarship funds by a qualified independent auditor?  Displays Yes or No question for question 2 | | |
| **Audits** | **MM** | **YYYY** |
| a. Period of last audit – Start Date |  |  |
| b. Period of last audit – End Date |  |  |
| c. Date audit submitted to Regional Audit Agency |  |  |

# Page 6

| **Program Accounts Section** | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Fully Retired** | | | | | | | | | | | |
|  | Number of Borrowers(1) | Principal Loaned(2) | Principal Repaid(3) | Principal Cancelled | | Principal Delinquent(6) | Principal Uncollectible Not Past Due(7) | Principal Outstanding but Not Due(8) | Principal Written Off(9) | Capitalized Interest(10) | Reconciling Difference (Column 2 + 10 – Sum of Columns 3 through 9) |
| Employment as Nurse Faculty(4) | Description |
| A. Repayment/Cancellation |  |  |  | Prepopulated |  |  |  |  |  |  |  |
| B. Cancellation/Death |  |  |  | Prepopulated |  |  |  |  |  |  |  |
| C. Cancellation/Disability |  |  |  | Prepopulated |  |  |  |  |  |  |  |
| D. Discharged in Bankruptcy |  |  |  | Prepopulated |  |  |  |  |  |  |  |
| E. HHS Approved Write-Off |  |  |  | Prepopulated |  |  |  |  |  |  |  |
| F. Uncollectible per P.L. 107-205 |  |  |  | Prepopulated |  |  |  |  |  |  |  |
| 1. Total (Sum of A through F) | Total | Total | Total | Total | Total | Total | Total | Total | Total | Total |  |
| **2. Current** | | | | | | | | | | | |
| **Description** | **Number of Borrowers**  **(1)** | **Principal Loaned**  **(2)** | **Principal Repaid**  **(3)** | **Principal Cancelled** | | **Principal Delinquent**  **(6)** | **Principal Uncollectible Not Past Due**  **(7)** | **Principal Outstanding but Not Due**  **(8)** | **Principal Written Off**  **(9)** | **Capitalized Interest**  **(10)** | **Reconciling Difference (Column 2 + 10 – Sum of Columns 3 through 9)** |
| **Employment as Nurse Faculty**  **(4)** | **Death/Disability**  **(5)** |
| A. Student Status |  |  |  |  |  |  |  |  |  |  |  |
| B. Grace Period |  |  |  |  |  |  |  |  |  |  |  |
| C. Deferment Status |  |  |  | Prepopulated |  |  |  |  |  |  |  |
| D. Postponement/Cancellation |  |  |  | Prepopulated |  |  |  |  |  |  |  |
| E. Repayment – Not Past Due |  |  |  | Prepopulated |  |  |  |  |  |  |  |
| F. Past Due 1-119 Days |  |  |  | Prepopulated |  |  |  |  |  |  |  |
| 2. Total (Sum of A through f) | Total | Total | Total | Total | Total | Total | Total | Total | Total | Total |  |
| **3. In Bankruptcy** | | | | | | | | | | | |
| **Description** | **Number of Borrowers**  **(1)** | **Principal Loaned**  **(2)** | **Principal Repaid**  **(3)** | **Principal Cancelled** | | **Principal Delinquent**  **(6)** | **Principal Uncollectible Not Past Due**  **(7)** | **Principal Outstanding but Not Due**  **(8)** | **Principal Written Off**  **(9)** | **Capitalized Interest**  **(10)** | **Reconciling Difference (Column 2 + 10 – Sum of Columns 3 through 9)** |
| **Employment as Nurse Faculty**  **(4)** | **Death/Disability**  **(5)** |
| A. Pending Discharge/Wage Earners Agreement |  |  |  | Prepopulated |  |  |  |  |  |  |  |
| **4. In Default** | | | | | | | | | | | |
| **Description** | **Number of Borrowers**  **(1)** | **Principal Loaned**  **(2)** | **Principal Repaid**  **(3)** | **Principal Cancelled** | | **Principal Delinquent**  **(6)** | **Principal Uncollectible Not Past Due**  **(7)** | **Principal Outstanding but Not Due**  **(8)** | **Principal Written Off**  **(9)** | **Capitalized Interest**  **(10)** | **Reconciling Difference (Column 2 + 10 – Sum of Columns 3 through 9)** |
| **Employment as Nurse Faculty**  **(4)** | **Death/Disability**  **(5)** |
| A. 120 Days and Over |  |  |  | Prepopulated |  |  |  |  |  |  |  |
| **5. Forbearance** | | | | | | | | | | | |
| **Description** | **Number of Borrowers**  **(1)** | **Principal Loaned**  **(2)** | **Principal Repaid**  **(3)** | **Principal Cancelled** | | **Principal Delinquent**  **(6)** | **Principal Uncollectible Not Past Due**  **(7)** | **Principal Outstanding but Not Due**  **(8)** | **Principal Written Off**  **(9)** | **Capitalized Interest**  **(10)** | **Reconciling Difference (Column 2 + 10 – Sum of Columns 3 through 9)** |
| **Employment as Nurse Faculty**  **(4)** | **Death/Disability**  **(5)** |
| A. Forbearance |  |  |  | Prepopulated |  |  |  |  |  |  |  |
| Total | Total | Total | Total | Total | Total | Total | Total | Total | Total | Total |  |

# AOR Sub-pages

## 8. Age and Gender

| **Students by Age and Gender** | | | |
| --- | --- | --- | --- |
| **Age** | **Males** | **Females** | **Total** |
| Under 20 |  |  |  |
| 20-29 |  |  |  |
| 30-39 |  |  |  |
| 40-49 |  |  |  |
| 50-59 |  |  |  |
| 60 or Older |  |  |  |
| Unreported/Unavailable |  |  |  |
| Total |  |  |  |