



**OTHER STATUS CHANGES:** *(check the statement(s) that apply)*

- I am no longer a resident of Arkansas
- I am no longer a full-time nursing student
- I am no longer in good academic standing
- I terminated my nursing education before the successful completion of the course of study necessary for graduation and licensure
- I did not pass my RN or LPN licensure examination
- Death of the loan participant *(attach death certificate)*
- Other status changes: *(explain)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I plan to repay my loan by:(circle one)    Service            Monetary Payments

(Please note, service repayment of your nursing student loan is not available if: you are no longer a resident of Arkansas, you are no longer in good academic standing, you terminated your nursing education before the successful completion of the course of study necessary for graduation and licensure, you did not pass your RN or LPN licensure examination, or the death of the loan participant. If one of these applies to you, you must make monetary repayment of the loan.)

I affirm that I am the person referred to in this status notification form, or if reporting the death of the loan participant, I am the authorized executor of the estate, and that the contents in this document and the statements therein are true, correct and complete to the best of my knowledge and belief.

Signature of Borrower: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM AND ATTACHMENTS TO:**

Arkansas State Board of Nursing  
Nursing Student Loan Program  
1123 South University, Suite 800  
Little Rock, AR 72204

FOR OFFICIAL USE ONLY: FOR THE ARKANSAS STATE BOARD OF NURSING STUDENT LOAN PROGRAM

Loan Number: \_\_\_\_\_

Approved            \_\_\_\_\_

Not Approved        \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_