

RETURN TO:
STUDENT LOAN SERVICE CENTER
 NORTH DAKOTA UNIVERSITY SYSTEM
 Dept 3180 ♦ PO BOX 6050
 Fargo, ND 58108-6050
 Phone: 1-800-698-7397 or 1-701-231-9545

**BORROWERS REQUEST FOR DEFERMENT
 OR CANCELLATION ♦ TEACHING**

FAX: 701-231-9551

CHECK ONE:

- REQUEST FOR DEFERMENT (If payment is due prior to completion of academic year or 12 months of service/employment.)
- REQUEST FOR CANCELLATION (If payment is due after completion of academic year or 12 months of service/employment.)

PERIOD OF EMPLOYMENT:

(must be a full-time employee)

BEGINNING: ___/___/___ (List original employment date)

ENDING: ___/___/___

- I DO INTEND TO WORK/TEACH DURING THE NEXT YEAR: FROM _____ TO _____
- I DO NOT INTEND TO WORK/TEACH DURING THE NEXT YEAR.

REGARDLESS OF YOUR SELECTION ABOVE, COMPLETE THE INFORMATION REQUESTED BELOW

BORROWER'S NAME: _____ **SS#:** _____

ADDRESS: _____

SIGNATURE _____ **DATE** _____ **TELEPHONE #:** (____) _____

♦♦♦CHECK IF APPLICABLE :

<input type="checkbox"/> ELEMENTARY SCHOOL	<input type="checkbox"/> SECONDARY SCHOOL	
<input type="checkbox"/> LOW – INCOME	<input type="checkbox"/> HANDICAPPED/SPECIAL EDUCATION	<input type="checkbox"/> HEADSTART
<input type="checkbox"/> BIA	<input type="checkbox"/> MATH	<input type="checkbox"/> SCIENCE
<input type="checkbox"/> FOREIGN LANGUAGES	<input type="checkbox"/> BILINGUAL EDUCATION	<input type="checkbox"/> EARLY CHILDHOOD EDUCATION: Full-time staff member in a prekindergarten or child care program that is licensed or regulated by the state
<input type="checkbox"/> Full-time faculty members at a tribally controlled university	<input type="checkbox"/> Librarians with a master's degree in library science who are employed in a school served under Title I of the ESEA, or a public library serving a Title I school	<input type="checkbox"/> Full-time speech language pathologists with a master's degree working exclusively in Title I schools
<input type="checkbox"/> OTHER (be specific)		

EMPLOYER INFORMATION:

EMPLOYER/SCHOOL NAME: _____ **DISTRICT:** _____

STREET ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

TELEPHONE #: (____) _____

TITLE: _____ **LIST ALL GRADES YOU ARE TEACHING:** _____

JOB DESCRIPTION: _____

**♦♦♦ IF YOU CHANGE SCHOOLS OR EMPLOYERS YOU MUST FILE A SEPARATE FORM FOR EACH SCHOOL OR EMPLOYER.
 ♦♦♦ EMPLOYMENT VERIFICATION MUST BE SUBMITTED ANNUALLY**

CERTIFICATION OF EMPLOYER: I CERTIFY THAT THE BORROWER'S DECLARATION AS TO FULL-TIME EMPLOYMENT, COMPLETION OF SERVICE AND DESCRIPTION OF DUTIES IS TRUE AND CORRECT.

SIGNATURE : _____

TITLE: _____ **DATE:** _____

TELEPHONE# (____) _____

DEFERMENT OR CANCELLATION INSTRUCTIONS

1. Complete your name and current mailing address, Social Security Number.
Sign and date the form.
Cancellation is granted at the end of the school year or 12 month period, therefore:
2. Check 'Request for Deferment' if you have not completed the school year.
-OR-
Check 'Request for Cancellation' if you have completed an academic year of FULL-TIME teaching service.
3. Complete 'Employer Information'. Be specific on the name of the school, school district and county where the school is located. If you teach at more than one school you must list the names of each school.
4. Complete your official title, list all grades taught and complete the job description.
5. Complete the period of employment: If you change schools/employers you must complete a separate form for each. List your original employment date at each.
 - a. If filing for Deferment list the dates for the current academic year.
 - b. If filing for Cancellation list the dates for the previous academic year.
6. Check the applicable box to identify if your school is ELEMENTARY or SECONDARY.
7. Check the applicable box to identify if your cancellation will fall under the category of LOW-INCOME, HANDICAPPED/SPECIAL EDUCATION, HEADSTART, BIA, MATH, SCIENCE, FOREIGN LANGUAGES, BILINGUAL EDUCATION or OTHER.
8. Check the applicable box to identify if you intend to continue working/teaching at THE SAME SCHOOL IN THE SAME CAPACITY during the coming academic year.
9. Your employer must sign the form.

Cancellation percentages of the original loan amount are:

HEADSTART & EARLY CHILDHOOD EDUCATION = 15% each year for 7 years.
OTHER TEACHING CATEGORIES = 15% for years 1 & 2; 20% for years 3 & 4; 30% for year 5.

If you have questions contact:

Student Loan Service Center, NDUS
Dept 3180 ♦ PO BOX 6050
Fargo, ND 58108-6050
Telephone: 701-231-9545
Toll-Free 800-698-7397
E-mail: ndus.slsc@ndus.nodak.edu