

Date: _____

Name: _____

ND Student ID or Last Four Digits of SSN: _____

Phone: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

- If approved your deferment or forbearance may only be granted for 12 months.
- You will need to file a new request at the end of the deferment period.

Qualification for Cancellation - Select One

For employment positions you must provide an official position description.

I am/was employed full time as:

- A provider of early intervention services to infants and toddlers with disabilities in a public or non-profit program.
- A provider of services to high-risk children at a public or non-profit child or family service agency.
- A nurse or medical technician or allied health professional certified, registered or licensed by the state providing medical service during the period for which I am requesting benefits. (Provide a copy of your current state license or certification.)
- A firefighter employed by a Federal, State or local fire department or fire district.
- A staff member in the educational part of a preschool program under Head Start. (Provide Program License)
- A staff member in the educational part of a pre-K or childcare program licensed or regulated by the state. (Provide Program License)
- A full-time law enforcement or corrections officer for a Federal, State or local law enforcement or corrections agency,
- A full-time lawyer employed by a public defender organization listed at <http://bit.do/PublicDefender>
- A full-time prosecuting attorney for a Federal, State or local law office.
- A teacher in a federally designated low-income school or educational services agency located in the following county and school district:

- A special education teacher of disabled children.
- A teacher in a shortage field. I am teaching in the following area: _____
- A faculty member at a Tribal college or university.
- A librarian with a master's degree in library science employed in a low-income school or public library serving low-income schools.
Provide a copy of your master's degree.
- A speech language pathologist with a master's degree working exclusively for low-income schools.
Provide a copy of your master's degree.
- I certify that I served a calendar year (12 consecutive months) of service in an area of hostility or imminent danger.
Branch of Service (provide a copy of your orders): _____
- I certify that I am/was a volunteer in the Peace Corps.
- A volunteer in the Americorps* (must be a VISTA program) and have elected not to receive a national service education award.
Provide documentation certifying the National Service Education Award has been declined.

Mail completed form and certifying letter to:

Student Loan Service Center
NDUS
Dept 3180, PO Box 6050
Fargo ND 58108-6050

Phone (701) 231-9545
Toll Free (800) 698-7397

NORTH DAKOTA UNIVERSITY SYSTEM

Student Loan Service Center

Starting Date of Employment: _____

Are you still employed: Yes No **If no, what is the ending date of the employment:** _____

I am requesting:

Deferment from _____ to _____ in anticipation of completing one full year of employment/service.

Cancellation from _____ to _____ as I have completed one full year of employment/service.

EMPLOYER CERTIFICATION

This section MUST be completed by your employer.

Employer Name: _____

Name of Authorized Official: _____

Title of Authorized Official: _____

Address: _____

Telephone: _____ **E-mail:** _____

Authorized Official Signature

Date

Seal or Stamp*

***If your organization does not have an official seal or stamp please attach a signed memo on your organizations letterhead including verification from the employer of your employment/service completion dates.**

Borrower Certification and Authorization

I understand that:

- (1) This request will not be granted unless all applicable sections of the form are completed and required documentation is submitted;
- (2) All decisions regarding deferment and cancellation eligibility will be made in accordance with applicable Federal regulations.

I certify that:

- (1) The information I have provided on this form is true and correct;
- (2) I will provide additional documentation, as required, to support my continued deferment/cancellation status;
- (3) I will notify the Student Loan Service Center, NDUS or Heartland ECSI immediately when the condition(s) that qualified me for this deferment/cancellation end;
- (4) I have read, understand and meet the terms and conditions of the deferment/cancellation for which I have applied.

Borrower Signature

Date