

BORROWER INFORMATION

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #	TELEPHONE	EMAIL
MAILING ADDRESS <input type="checkbox"/> Check here if you are providing an updated address					

INSTRUCTIONS:

- 🍎 Faculty that has an agreement to teach for the upcoming academic year complete **Section A** below.
- 🍎 Faculty that has completed at least **two** full years of teaching service under the program, complete **Section B** below.
- 🍎 Upon completion of **Section A and/or B** below submit the form to the Human Resources Office to certify in **Section C**.

SECTION A. DEFERMENT REQUEST

COLLEGE/UNIVERSITY NAME	DEPARTMENT	EMPLOYMENT DATES	
		FROM MM/YY	TO MM/YY

SECTION B. FORGIVENESS REQUEST

NOTE: To be eligible for forgiveness you must teach 2 years for every academic year you borrowed funds in the program.

COLLEGE/UNIVERSITY NAME	DEPARTMENT	EMPLOYMENT DATES	
		FROM MM/YY	TO MM/YY

BORROWER CERTIFICATION:

By signing below, I certify that the information provided above is true and accurate. I agree to notify SC Student Loan immediately upon any change in my employment status. If I am determined to be ineligible for forgiveness for the period, I agree that the unpaid accrued interest may be capitalized (added to the principal balance).

SIGNATURE OF BORROWER	DATE

SECTION C. CERTIFICATION OF EMPLOYMENT FOR DEFERMENT AND FORGIVENESS

TO BE COMPLETED BY HUMAN RESOURCES OFFICER

Complete the following to certify the above-named individual's eligibility for deferment and/or loan forgiveness.

1. The above-named individual has an employment agreement to teach for the period listed in Section A . <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. The above-named individual completed the following service during the <u>forgiveness period</u> listed in Section B . <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time over 500 hours <input type="checkbox"/> Not employed or employed less than 500 hours.			
3. The above-named individual taught in the department as listed in Section B . <input type="checkbox"/> Yes <input type="checkbox"/> No			
NAME OF OFFICIAL	TITLE	SIGNATURE OF CERTIFYING OFFICIAL	DATE
COLLEGE/UNIVERSITY	PHONE NUMBER	EMAIL	

RETURN TO: SC STUDENT LOAN
P.O. BOX 8509
COLUMBIA, SC 29202