SOUTH CAROLINA Student Loan

SC NURSING FACULTY PROGRAM REQUEST FOR DEFERMENT AND FORGIVENESS

BORROWER INFORMATION

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #	TELEPHONE	EMAIL
MAILING ADDRESS ☐ Check here if you are providing an updated address					

INSTRUCTIONS FOR NURSING FACULTY:

- Faculty that has an agreement to teach for the upcoming academic year complete **Section A** below.
- Faculty that has completed at least **one** full year of teaching service under the program (500 hours of service must have been completed in the previous 12 months. Years of service cannot overlap), complete **Section B** below (note: This section must be completed **after each year of service**. Cancellation requires **two** full years of service).
- 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	UPCOMING ACADEMIC YEAR DATES	
		FROM MM/YYYY	**TO** MM/YYYY

SECTION B. FORGIVENESS REQUEST

NOTE: The forgiveness period provided must be within the academic year for your institution. Service dates cannot exceed 12 months.

COLLEGE/UNIVERSITY NAME	DEPARTMENT	TEACHING SERVICE DATES (completed most recent academic year)	
		FROM MM/YYYY	**TO** MM/YYYY

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

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

Rev: 07/24/2026

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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 deferment period listed in **Section A**.

☐ **Yes** ☐ **No**

2. The above-named individual completed the following service during the **forgiveness period** listed in **Section B**.

☐ **Full-time** ☐ **Part-time over 500 hours** ☐ **Not employed or employed less than 500 hours**

3. The above-named individual taught in the department as listed in Section B. ☐ Yes ☐ No

NAME OF OFFICIAL	TITLE	SIGNATURE OF CERTIFYING OFFICIAL	DATE
COLLEGE/UNIVERSITY	**PHONE NUMBER**	**EMAIL**	

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