

**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 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, complete **Section B** below (note: 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: To be eligible for forgiveness you must teach 2 years.**

COLLEGE/UNIVERSITY NAME	DEPARTMENT	EMPLOYMENT DATES (completed 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

**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	

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