

NORTH CAROLINA STATE UNIVERSITY

Education Cancellation

Borrower's Information

Name:

Address, City, State, Zip:

Day Phone:

Account number (SSN):

Evening Phone:

E mail Address:

Cell Phone:

Please list the name, address, and phone number of someone who will always know your whereabouts:

Name:

Day Phone:

Relationship:

Evening Phone:

Address:

Cell Phone:

Section 1 Cancellation Type

****COPIES OF JOB DESCRIPTIONS MUST ACCOMPANY ALL REQUESTS FOR CANCELLATION****

This is to certify that I am **employed FULL TIME** as a:

- ☐ Teacher in a designated school listed in the "Directory of Designated Low-Income Schools for Teacher Cancellation Benefits" (Title I).
- ☐ Special Education Teacher who teaches infants, toddlers, children, or youth with disabilities. Licensed professionals who provide speech and language pathology and audiology, physical therapy, occupational therapy, psychological and counseling services, or recreational therapy are considered teachers if the service is part of the educational curriculum for handicapped children. The school is a public or nonprofit elementary or secondary school.
- ☐ Teacher in the teacher shortage fields of Mathematics, Science, Foreign Languages, and Bilingual Education or teaching a majority of classes in a field of expertise that is determined by a state education agency to have a shortage of qualified teachers in the state.
- ☐ Teacher in a designated low-income elementary or secondary school who is *employed* by an educational service agency or a teacher in a designated low-income elementary school, secondary school, or location *operated* by an educational service agency.
- ☐ Staff member in a prekindergarten or childcare program, or a staff member performing qualified service under the Head Start Act. (15% of principal and interest will be canceled for each year)
- ☐ Educator on a reservation with the Bureau of Indian Affairs (BIA) Or at a Tribal College or University. I am an instructor, lecturer, lab faculty, assistant professor, associate professor, full professor, dean, or academic department head.
- ☐ Teacher's aide who is recognized by the state as a full time professional, has a bachelor's degree, and works in an elementary or secondary school.
- ☐ Librarian with a master's degree who is employed by a Title I elementary or secondary school. I am professionally trained in library or information science and obtained a postgraduate academic degree in library science awarded after the completion of an academic program of up to six years in duration, excluding a doctorate or professional degree.
- ☐ Speech language pathologist with a master's degree who is working exclusively with Title I schools. My duty is to evaluate or treat disorders that affect a person's speech, language, cognition, voice, swallowing and the rehabilitative or corrective treatment of physical or cognitive deficits/disorders resulting in difficulty with communication, swallowing, or both and has obtained a postgraduate academic degree awarded after the completion of an academic program of up to six years in duration, excluding a doctorate or professional degree.

All teachers must work directly with the students and be employed directly by the school.

Section 2 Certification Period and Signature

Please complete all the following that applies:

Deferment in anticipation of cancellation (for THIS or NEXT year) - Starting date _____ Ending date _____

Cancellation for year of worked completed (for PREVIOUS year) – Starting date _____ Ending date _____

If for any reason I am unable to complete the YEAR of service, I will inform NC State University or ECSI of the change in full time status immediately.

I declare that the information above is true and correct.

Signature of borrower _____ Date _____

Section 3 Certification by Employer

I certify that the information stated above is true and correct.

Name of Employer _____

Start Date _____ Is employee still employed Yes _____ No _____ If no, last date worked _____

Is Employee Full time Yes _____ No _____

Address _____

City _____ State _____ Zip _____

School Name _____ Job Title _____

Phone _____

Signature of Authorized Official _____

Title _____

Date _____

Place official stamp here. If no stamp available, form must include certification on letterhead.

INVALID WITHOUT OFFICAL SEAL, STAMP OR LETTERHEAD

An Official Job Description Must Accompany All Cancellation Requests

FOR INSTITUTIONAL USE ONLY

Approved _____ Disapproved _____ Official Name _____ Date _____

****THIS FORM WILL BE RETURNED TO THE BORROWER IF IT IS INCOMPLETE****

Cancellation procedures 34 CFR 674.52

With the exception of cancellations for Head Start, military, and volunteer service, the cancellation rate per completed academic year of full-time teaching or for each year of otherwise qualifying full-time service is:

- 15% of the original principal loan amount—plus the interest that accrued during the year—for each of the first and second years;
- 20% of the original principal loan amount—plus the interest that accrued during the year—for each of the third and fourth years; and
- 30% of the original principal loan amount—plus any interest that accrued during the year—for the fifth year.

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Mail form to: ECSI/Heartland, 100 Global View Drive, Warrendale, PA 15086