THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA

FEDERAL PERKINS (NDSL) STUDENT LOAN DEFERMENT AND CANCELLATION REQUEST

PART I

Name of Borrower

_____ (_____)_____ (____)_____

Address (street, apt. no.) Day Phone Evening Phone

_____ **Email**: _____ **Cell/Pager**:_____

City, State, Zip Check here if new address ☐

_____

NAME OF SCHOOL, EMPLOYER, OR VOLUNTEER ORGANIZATION

_____

Soc. Sec. Number

Return completed form to: U. T. CHATTANOOGA
OFFICE OF THE BURSAR, DEPT 6005
Voice (423) 425-4474 615 MCCALLIE AVE.
Fax (423)425-5200 CHATTANOOGA, TN 37403

Two forms are required for each year. A deferment request should be submitted at the beginning of the year and a cancellation request at the end of the year's service

PART II

A. Check ONE of the full-time employment/volunteer cancellations listed below:

1. ☐ Teaching in public non-profit elem. Or secondary school system
2. ☐ Special Education Teacher
3. ☐ Nurse/Medical Technician (providing health care services)
4. ☐ Military Hostile Area (pay from section 310 of Title 37 of US Code)
5. ☐ Teacher of the handicapped
6. ☐ Law Enforcement/Corrections Officer
7. ☐ Child or Family Service Agency
8. ☐ Peace Corp/Action Volunteer
9. ☐ Head Start (EOA of 1964) (pay & school term are comparable to local schools in that area)
10. ☐ Teacher of Math, science, foreign language, bilingual ed. In shortage area
11. ☐ Provider of early intervention services.

B. Give job title and brief statement of duties (Employer must attach copy of job duties)

C. School/employing agency (check type)

1. ☐ Public (non-profit) ☐ Private non-profit

Is your employer a public funded school/agency? ☐ Yes ☐ No

If yes, what source? ☐ local ☐ State ☐ Federal

_____

Legal Name of School/Employing Agency

_____

County School District (This line for teachers only.)

_____

City State Zip

Benefit /Employment Period **Certifying Official must Initial Altered Dates**

2. ☐ **Postponement/Deferment** Beginning and Ending

(**Borrower Must Fill in Dates**) _ _/ _ _/ _ _/ _ _/ _ _/ _ _/

2.A Med Tech/RN Lic. Date _ _/ _ _/ _ _/

Enclose copy of certificate and license if not on file in our office

3. ☐ **Cancellation**

(Borrower Must Fill in Dates) Beginning and Ending

_ _/ _ _/ _ _/ _ _/ _ _/ _ _/

3.A Teachers only check one

☐ I will teach next school year _____ to _____

☐ I will **not** teach next school year

D. Declaration (Borrower Signature) I am employed full-time and I declare that the information shown above is true and accurate. I further declare that I will notify The University of Tennessee at Chattanooga immediately upon change in my status. I further understand that if for any reason, I am unable to complete the year of service for which I have requested postponement/deferment benefits, I will begin repayment of my loan, including deferred payments, immediately.

SIGNATURE OF BORROWER REQUIRED: **Date:**

E. Certification of Employment/Military Benefit Period. Borrower must obtain proper certification from employer or service unit before eligibility can be determine.

_____

Name of School, Place of Employment or Service Unit

_____

Address **Phone No.**

_____

City **State** **Zip**

Certifying Official must CHECK ONE box below and one area of employment:

☐ I certify employee is a registered, licensed or certified __Nurs __Med Tech (specify type)_____
☐ I certify employee is a ___Law ___Correction ___Probation Officer (check one)
☐ I certify employee is a provider of early intervention services; the majority are children
☐ I certify that this is a public ___Head Start ____Elementary ___Middle ___High School.
☐ I certify that this is a non-profit elementary or secondary school registered by the State Education Agency (**Letter of registration must be attached by certifying Official.)**
☐ I certify that this is a public/private non-profit child or family services agency (for low income families only)
☐ I certify that employee is in ___Peace Corps ___Action Program ___Military Hostile Area

By signing this form, you certify the employment/volunteer information stated in A-D is true and correct.

_____

Signature of Certifying Official

_____

Print Name of Certifying Official

_____

Title of Certifying Official

Date _____

This space for official seal or stamp. If not available, an official letter of certification is required. **Form will not be processed if omitted**

PART III Completed By UTC Official Only

☐ Approved Remarks

☐ Disapproved

Wbutc03

Loan Type _____ Cancellation Type_____ Total Cancelled_____

Principal

Cancelled_____

Interest

Cancelled_____

New Loan Balance $_____

☐ 1st year - 15% ☐ 5th year - 30%
☐ 2nd year - 15% ☐ Head Start - 15%
☐ 3rd year - 20% ☐ 12% per year
☐ 4th year - 20%

Completed By: **Title:** **Date:**