



FEDERAL PERKINS LOAN PROGRAM

Deferment/Cancellation Request

● Teaching Services

● Librarian Services

● Tribal College/University Faculty

GENERAL INFORMATION (Please Print)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL ADDRESS: _____

☐ Check here if
New Address

LAST FOUR DIGITS OF SS# and/or UMID#

XXX – XX – _____ UMID# _____

HOME: _____

WORK: _____ ext. _____

CELL: _____

Section 1: TO BE COMPLETED BY BORROWER – Check Appropriate Box (see reverse for descriptions)

☐ Teacher – Low Income

☐ Teacher – Special Education teacher of disabled children

☐ Teacher – Shortage Area

☐ Teacher – Bureau of Indian Affairs

☐ Librarian with a Master's Degree in Library Science

(employed in a low-income school or public library serving low-income schools)

* You must provide documentation evidencing your master's degree

☐ Faculty Member at a Tribal College or University

Grade and Subject taught _____

❖ An employer-certified job duties description must be attached, except for teachers in a designated low-income school ❖

❖ If social worker working in a school, you must be licensed, certified or registered by the appropriate state education agency ❖

◆ Start date of FULL TIME employment: ____/____/____
mm dd yy

◆ End date of FULL TIME employment: ____/____/____
mm dd yy

◆ Are you still employed FULL TIME?: Yes ☐ No ☐

I am requesting:

____ DEFERMENT from ____/____/____ to ____/____/____ as I anticipate completing one full year of service.

____ CANCELLATION from ____/____/____ to ____/____/____ as I have completed one full year of service.

BORROWER'S DECLARATION:

I declare that I am presently employed **full time** as described above. I understand that if, for any reason, I do not complete a full twelve (12) month period of full time service or if my service changes in anyway, I must immediately notify The University of Michigan Student Loan Collections Office. Further, I understand that if the change in my service does not meet the requirements for cancellation, I must immediately make arrangements to make payments of any amounts that have accrued on my loan.

Signature of Borrower - By Checking this Box, I attest that this is my signature

Date _____

Section 2: TO BE COMPLETED BY EMPLOYER

I certify the above statements concerning this employee's **FULL TIME** employment are true and accurate.

Name of School _____ School District/County _____

Address _____

City, State, Zip _____

Print Name & Title of Authorized Official _____

Phone Number _____ Date _____

Signature of Authorized Official _____

Official Seal or Stamp

***** REQUIRED *****

If not available, a letter of certification on employer letterhead verifying full-time dates of employment & job description is required.

FOR UNIVERSITY OF MICHIGAN USE ONLY

Deferred: From: _____ To: _____

Processed By: _____ Date: _____

Cancelled at: _____ % Type: _____ End Date: _____

Signature of U/M Official: _____

Loan _____ Principal Cancelled _____ Balance _____

Loan _____ Principal Cancelled _____ Balance _____

FEDERAL PERKINS LOAN CANCELLATION/DEFERMENT REQUEST

To qualify for the cancellation benefits listed below you must serve full time in an eligible capacity for a complete year (12 months). Upon receipt of your completed form, we will make a preliminary determination of your eligibility for cancellation. If it is determined that you **are not qualified** for cancellation, we will deny your deferment request and payments will be due as billed. If it is determined that you are eligible for cancellation, we will defer payments due during your year of full time service/employment. At the end of your year of service/employment, you must provide documentation of having fulfilled the requirements in order to receive partial cancellation of your loan.

NOTE:

- A form must be submitted *at the beginning* of your **FULL TIME** year of service/employment to DEFER payments while eligible service is performed.
- A form must be submitted *at the end* of your year to receive your partial cancellation.
- If you continue to work for the same employer, you may combine your deferment and cancellation requests onto one form. If you have had multiple employers you must file a separate form for each employer.
- Partial years do not qualify you for cancellation benefits.

Low Income

To qualify, you must be employed **full-time**, teaching in an eligible school having a high concentration of students from low-income families. Your school must be listed in the *Directory of Designated Low-Income Schools for Teacher Cancellation Benefits* - <http://www.tcli.ed.gov/CBSWebApp/tcli/TCLIPubSchoolSearch.jsp>

Special Education

To qualify, you must be employed **full time** as a special education teacher, including teachers of infants, toddlers, children or youth with disabilities.

Shortage Area

To qualify, you must be employed **full-time** teaching *mathematics, science, foreign language, bilingual education*, or any field of expertise determined by the State education agency to have a shortage of qualified teachers.

Librarian

To qualify, you must be a **full-time** librarian who has a master's degree in library science and is employed in an elementary or secondary school that is eligible for assistance under part A of title I of the Elementary and Secondary Education Act of 1965, or who is employed in a public library that serves a geographic area that contains one or more such schools. ***Eligibility for this benefit begins 08/2008.***

You must provide documentation of your master's degree in library science.

Faculty Member at a Tribally Controlled School

To qualify, you must be employed as a **full-time** faculty member at a tribal college or university, as that term is defined in section 316 of title 20, U.S.C.

Eligibility for this benefit begins 08/2008

Cancellation Rate

15% for 1ST and 2ND year 20% for 3RD and 4TH year 30% for 5TH year

Maximum cancellation of 100% of original loan

INSTRUCTIONS

1. Fully complete the form. (We will return it to the borrower unprocessed if any information is missing.)
2. Please sign and date your form.
3. Have your form certified by an authorized official of your employer. If your employer does not have an official seal or stamp, then they must submit a letter verifying your full time dates of employment on organization letterhead.
4. If you changed employers during the year, you must submit a form from *each* employer.
5. Include an official job description.
6. If you have questions, please feel free to contact our office (see contact information below).
7. Return forms and supporting documentation to:

The University of Michigan - Student Loan Collections Office
1000 Victors Way • Ann Arbor MI 48108
Phone# (800) 456-0706 • Email Address: um-slc@umich.edu