

REQUEST FOR POSTPONEMENT/DEFERMENT OF REPAYMENT FOR TEACHING SERVICE



NATIONAL DEFENSE/NATIONAL DIRECT/ FEDERAL PERKINS STUDENT LOAN PROGRAM

FOR POSTPONEMENT/DEFERMENT ONLY - NOT FOR CANCELLATION. FILE THIS FORM AT THE START OF YOUR YEAR OF TEACHING SERVICE, BUT NOT BEFORE CLASSES BEGIN. INSTRUCTIONS ON BACK OF FORM - PLEASE PRINT IN INK, OR TYPE.

PART I - GENERAL INFORMATION - TEACHER INFORMATION (To be completed by the borrower)

Borrower is responsible for advising ASU of current address!						
NAME OF BORROWER			SOCIAL SECURITY NUMBER			
STREET (BILLING ADDRESS)			RETURN COMPLETED FORM TO: Arkansas State University ATTN: Loan Department PO Box 1680 State University, AR 72467 (870) 972-2285 (888) 278-5626 toll-free			
CITY, STATE, ZIP						
PHONE NUMBER Area Code () <input type="checkbox"/> Check if new address						
EXACT NAME OF SCHOOL WHERE EMPLOYED			POSITION/JOB TITLE			
CITY, STATE, ZIP			SCHOOL DISTRICT & COUNTY			
CHECK APPROPRIATE BOXES: TYPE	ELEMENTARY SCHOOL	SECONDARY SCHOOL	INSTITUTION HIGHER ED.	HEAD START	*TEACHERS OF THE HANDICAPPED/SPECIAL EDUCATION MUST ATTACH AN OFFICIAL JOB DESCRIPTION FOR EACH YEAR OF EMPLOYMENT AND COMPLETE THE FOLLOWING: AGES OF STUDENTS _____ % OF HANDICAPPED STUDENTS _____ % OF TEACHING TIME SPENT WITH HANDICAPPED _____ I certify that the majority of my students are handicapped children as specified below: <input type="checkbox"/> mentally retarded <input type="checkbox"/> seriously emotionally disturbed <input type="checkbox"/> hard of hearing or deaf <input type="checkbox"/> orthopedically impaired <input type="checkbox"/> speech impaired <input type="checkbox"/> other health impairment <input type="checkbox"/> visually handicapped specify _____ <input type="checkbox"/> specific learning disability	
<i>Public (Chapter I/Low Income)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Non-Profit (Chapter I/Low Income)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Bureau of Indian Affairs</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Math, Science, Foreign & Bilingual Language/Other Shortage fields by state</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
*Teacher of the Handicapped/Special Education (complete box to the right)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
I DECLARE that I am presently employed as a full-time teacher in a public or other non-profit elementary or secondary school or institution of higher education shown above. I further declare that I am presently under contract and expect to continue teaching through the academic year or equivalent as stated below. I expect to secure cancellation of the appropriate amount computed according to the Manual of Policies and Procedures. Therefore, I am requesting a postponement/deferment of payment of this amount. I further understand and agree that if for any reason whether through my own doing or because of events beyond my control, I do not complete a full year, or equivalent, of teaching service, I will immediately begin payment on my loan (principal and interest), for which postponement was conditionally granted, or begin a 6-month grace following payments that were previously deferred. I will notify ASU if I do not complete the academic year.						
ACADEMIC YEAR STARTING		ACADEMIC YEAR ENDING		SIGNATURE OF BORROWER		
(MONTH-DAY-YEAR)		(MONTH-DAY-YEAR)		DATE		

PART II - CERTIFICATION (To be completed by school official)

I CERTIFY THAT THE BORROWER IS EMPLOYED AS A FULL-TIME TEACHER. THE EXPECTED COMPLETION OF SERVICE AND THE DESCRIPTION OF DUTIES ARE TRUE AND CORRECT. IF HE/SHE IS A HEAD START STAFF MEMBER, I CERTIFY THAT COMPENSATION DOES NOT EXCEED THAT OF A COMPARABLE EMPLOYEE IN THE LOCAL SCHOOL SYSTEM.		
SCHOOL DISTRICT & COUNTY	SIGNATURE OF AUTHORIZED OFFICIAL	OFFICIAL SEAL OR STAMP OF SCHOOL (if none, see instructions on back of form)
ADDRESS (CITY, STATE, ZIP CODE)	TITLE	
	DATE TELEPHONE	
DOES THIS INSTITUTION PROVIDE STATE-APPROVED ELEMENTARY OR SECONDARY EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PART III - OFFICE USE ONLY

POSTPONED/DEFERRED DATES: FROM: _____ TO: _____ FUNDS: _____ CODE(S): _____ _____ _____	PROCESSED BY: _____ DATE: _____
<input type="checkbox"/> HANDICAPPED <input type="checkbox"/> BIA <input type="checkbox"/> LISTED IN FEDERAL REGISTER CODE _____ PAGE _____ <input type="checkbox"/> HEAD START <input type="checkbox"/> MATH, SCIENCE, BILINGUAL, OTHER SHORTAGE AREA <input type="checkbox"/> NOT LISTED IN FEDERAL REGISTER; BENEFIT DENIED	

SIGNATURE OF APPROVING OFFICIAL	TITLE	DATE
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(OVER)

TEACHER POSTPONEMENT/DEFERMENT ELIGIBILITY REQUIREMENTS AND INSTRUCTIONS

You may receive a postponement/deferment of loan repayment for up to a twelve-month period if you will be eligible for cancellation benefits due to teaching full time for a complete academic year or two consecutive semesters. It is your responsibility to submit forms properly; failure to do so will result in continued billing.

Upon receipt of this postponement/deferment form, we will make a preliminary determination of your eligibility for cancellation. If it is determined that you will not qualify for cancellation, we will deny your request for postponement/deferment. You will be required to make payments as billed.

If it is determined that you will be eligible for cancellation, we will approve your postponement/deferment and suspend the billing for payments due until the end of the specified period. At the end of the postponement/deferment, cancellation forms will be sent to you for completion.

INSTRUCTIONS

1. Complete Part I. (FORMS WILL BE RETURNED IF ANY INFORMATION IS MISSING.)
2. Sign and date form.
3. Have form certified in Part II. If the required seal or stamp is not available, include verification of your full-time teacher status and the dates of employment on official letterhead stationery. Forms without a seal, stamp, or letter are not valid and will not be accepted.
4. Teachers of the handicapped **must include an official job description**. Licensed, certified or registered speech pathologists, occupational therapists and audiologists working in a school **must provide a copy of their license**.
5. Teachers of other shortage fields, C (1) (c), **must include letter from State Education Agency confirming shortage field**.

A. LOANS OBTAINED PRIOR TO 7/1/72 (NATIONAL DEFENSE):

1. 10% cancellation for each year of regular full-time teaching in a public or non-profit elementary or secondary school, an institution of higher education, or in overseas department of defense elementary or secondary school. (Maximum: 5 Years)
2. 15% cancellation for each year of teaching at any one of the following:
 - a. teaching in a school that is eligible for cancellation as determined by the Commissioner of Education and which is listed in the Federal Register (low income, Chapter I funding) for that year.
 - b. teaching handicapped children (ages 3-21) in a public or other non-profit elementary or secondary school system. Teachers of the handicapped **must submit an official job description** with each Request for Postponement/Deferment. Handicapped children means: "mentally retarded, hard of hearing, deaf, speech impaired, or other health impaired children, or children with specific learning disabilities, who by reason thereof require special education and related services."
 - c. Bureau of Indian Affairs - teaching in an elementary or secondary school operated by the Bureau of Indian Affairs or operated on Indian reservations by an Indian tribal group under contract with BIA.

B. LOANS OBTAINED ON OR AFTER 7/1/72 (NATIONAL DIRECT AND PERKINS):

1. Accelerated cancellation at the rate of 15% of the loan for the 1st and 2nd year, 20% for the 3rd and 4th year, 30% for the 5th year, for any one of the following:
 - a. teaching in a school that is eligible for cancellation as determined by the Commissioner of Education and which is listed in the Federal Register (low income, Chapter I funding) for that year.
 - b. teaching handicapped (as defined above in A (2) (b) children in a public or other non-profit elementary or secondary school system. Teachers of the handicapped **must submit an official job description** with each Request for Postponement/Deferment.
 - c. Bureau of Indian Affairs as described in A (2) (c) above.
2. 15% cancellation per year for employment as a full-time, salaried, education staff member in the Federal HEAD START program.

C. LOANS OBTAINED ON AND AFTER 7/23/92 (FEDERAL PERKINS):

1. Accelerated cancellation rates as described in B (1), above, for any of the following:
 - a. teaching in a school that is eligible for cancellation as determined by the Commissioner of Education and which is listed in the Federal Register (low income, Chapter I funding) for that year.
 - b. full-time special education, formerly "teacher of the handicapped," (as defined above in A (2) (b), now including teachers of infants or toddlers with disabilities, in a public or other non-profit elementary or secondary school system. Teachers of handicapped/special education **must submit an official job description** with each Request for Postponement/Deferment.
 - c. full-time teachers of mathematics, science, foreign languages, bilingual education, or other shortage fields as determined by the state's education agency.
 - d. Bureau of Indian Affairs as described in A (2) (c) above.
2. HEAD START employment, as described in B (2) above.