

Teacher Cancellation Addendum

Part 1 - To Be Completed By Borrower

Borrower Name (Last, First, Initial):	Account Number:	Social Security Number:
Address:	City:	State:
	Zip:	Telephone Number:

Part 2 - To Be Completed By Employer

The borrower indicated above has applied for a cancellation of their student loan based on their employment as a teacher. In order for a cancellation request to be honored the employer must respond to the following questionnaire.

	Yes	No
1 Is the above referenced borrower employed by your institution as a teacher?	<input type="checkbox"/>	<input type="checkbox"/>
2 Is employing institution a public or other nonprofit elementary or secondary school system?	<input type="checkbox"/>	<input type="checkbox"/>
3 Please indicate borrower's full-time employment start date: _____ (Excluding student teaching).	<input type="checkbox"/>	<input type="checkbox"/>
4 If response to question 1 was no, please indicate job title of borrower:	<input type="checkbox"/>	<input type="checkbox"/>
5 If the borrower is not a teacher, does the employing institution still consider the borrower to be a full-time professional for purposes of salary, tenure, retirement benefits, etc. (e.g. the ? borrower accrues the same benefits as teachers who are licensed and/or certified).	<input type="checkbox"/>	<input type="checkbox"/>
6 Is borrower employed directly by the School District? If no, indicate employer:	<input type="checkbox"/>	<input type="checkbox"/>
7 Is school where borrower is teaching a charter school? If so, please attach a copy of borrower's most recent paycheck stub.	<input type="checkbox"/>	<input type="checkbox"/>
8 Is borrower a full-time employee?	<input type="checkbox"/>	<input type="checkbox"/>
9 Is borrower a substitute teacher?	<input type="checkbox"/>	<input type="checkbox"/>
10 If response to question 9 is yes, please indicate day count: _____ days. Please note: Day count requested must be for the time period from: _____ through: _____.	<input type="checkbox"/>	<input type="checkbox"/>
11 Does school serve students from low-income families? If so, please list the name of the school(s) & county where borrower is employed:	<input type="checkbox"/>	<input type="checkbox"/>
12 Is borrower a special-education teacher? This would include teachers of infants, toddlers, children, or youth with disabilities in a public or nonprofit elementary or secondary school system.	<input type="checkbox"/>	<input type="checkbox"/>
13 If your response to question 12 was yes, please indicate the percentage of students (in borrower's classroom) who are special-education students: _____ %	<input type="checkbox"/>	<input type="checkbox"/>
14 Is borrower a mathematics, science, foreign language or bilingual teacher?	<input type="checkbox"/>	<input type="checkbox"/>
15 If your response to question 14 was yes, please indicate the specific subject taught:	<input type="checkbox"/>	<input type="checkbox"/>
16 Please indicate the percentage of time the borrower teaches the subject indicated in question 15: _____ %	<input type="checkbox"/>	<input type="checkbox"/>
17 A copy of the borrower's job description must accompany this form. Is a job description enclosed?	<input type="checkbox"/>	<input type="checkbox"/>

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

Certifying Organization:	Signature of Authorized Official:	
Telephone No:		
Address:	Title:	Date Signed:
State: Zip:	Form can be faxed to: (517) 353-9640	Please return to: Michigan State University 140 Administration Building