University of California – Robert Noyce Teacher Scholars Repayable Scholarship Program Request for Postponement and/or Cancellation

This form is intended to facilitate communication between the Robert Noyce Teacher Scholars Repayable Scholarship recipient and the University of California (and its loan service provider) so that appropriate action can be taken in response to the recipient's circumstances, as indicated below, and pursuant to the terms of the Robert Noyce Teacher Scholars Repayable Scholarship Program. For postponement and cancellation requests, this form needs to be properly completed and submitted in a timely manner on an annual basis beginning at the end of the Grace Period.

CHECK ALL THAT APPLY:

Student Business Services

1156 High Street 203 Hahn Building

Santa Cruz, CA 95064

•	formation Check if new address State Zip Evening telephone ()	, ,						
Noyce Teacher Scholars Repa Section A.) Section A – Borrower Contact Intellege Please print or type: Name Address City	formation Check if new address State Zip	Program and Loan Nos. on billing statement 7 10 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Noyce Teacher Scholars Repa Section A.) Section A – Borrower Contact In: Please print or type: Name Address	formation Check if new address	promissory note. (Complete and return						
Noyce Teacher Scholars Repa Section A.) Section A – Borrower Contact Intellege Please print or type: Name	nyable Scholarship according to the terms of my property of the terms of the t	promissory note. (Complete and return						
Noyce Teacher Scholars Repa Section A.) Section A – Borrower Contact Intellege Please print or type:	nyable Scholarship according to the terms of my p	promissory note. (Complete and return						
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Noyce Teacher Scholars Repa Section A.)	nyable Scholarship according to the terms of my p	, ,						
Noyce Teacher Scholars Repa	•							
Repayment	Qualified Teaching Service obligation and underst	tond that I am abligated to yourse the Dahart						
C.)	r of Qualified Teaching Service and request cance	enation. (Complete and return Sections A and						
Cancellation	r of Qualified Teaching Convice and request concern	allation (Complete and return Costions A and						
The period of postponer Service.	nent reduces the length of time for me to repay m	ny loan in full if I fail to fulfill my Qualified Teaching						
-	d and properly completed and certified cancellation							
	periods of postponement. Accrued interest must be							
I understand that: 1.) I am obligated to fulfill m according to the terms o		t Noyce Teacher Scholars Repayable Scholarship						
☐ I intend to fulfill my Qualified Teaching Service but am not currently employed by a high need educational agency; I request postponement of repayment. (Complete and return Section A.)								
of loan cancellation flext year.	ny years of Qualified Teaching Service and reque (Complete and return Sections A and B.)	est postponement of repayment in anticipation						
☐ I am currently fulfilling one of n								
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University of California – Robert Noyce Teacher Scholars Repayable Scholarship Program Request for Postponement

Section B – Request for Postponement of Repayment

By providing the following information, you are requesting that repayment be postponed while you are fulfilling a year of Qualified Teaching Service in a high need local educational agency as defined in your promissory note. During periods of postponement, billing will stop but interest will continue to accrue.

Upon completion of a full year of Qualified Teaching Service, submit Section C - Request for cancellation after one year of Qualified Teaching Service.

Along with Section B, please submit Section A.

Please print or type:				
Borrower's Name				
Legal Name of School				
County		School District		
City	ate	Zip		
Borrower's Job Title/Description				
Borrower's Qualifying Employment Period (must be at least one complete academic year and cover the requested period of postponement)				
Beginning (MM/DD/YYYY)	and Ending (M	MM/DD/YYYY)		
Borrower's Signature:	Date Signed:			

Return Completed Form to: Student Business Services 1156 High Street 203 Hahn Building Santa Cruz, CA 95064

University of California – Robert Noyce Teacher Scholars Repayable Scholarship Program Request for Cancellation

Section C - Request for Cancellation After One Year of Qualified Teaching Service

To request cancellation, the following information must be certified by an official of the School or School District:

You may qualify for loan cancellation benefits, if, according to the terms of your promissory note, you are a full-time mathematics or science teacher serving in a high-need local educational agency as defined in section 201 of the Higher Education Act of 1965 (20 U.S.C. 1021). The high-need local educational agency serves an elementary or secondary school located in an area in which there is: (A) A high percentage of individuals from families with incomes below the poverty line; (B) A high percentage of secondary school teachers not teaching in the content area in which the teachers were trained to teach; or, (C) a high teacher turnover rate.

A signed and properly completed and certified request for cancellation should be submitted when you have completed a full year of Qualified Teaching Service, and at the end of each subsequent academic year of Qualified Teaching Service.

Along with Section C, please submit Section A, and, if you are requesting another year of postponement, Section B.

Please print or type:				
Borrower's Name				
Legal Name of School				
Address			School District	
City	State	Zip	Phone Number	
Borrower's Job Title/Description (attach a copy if necessary)				
Borrower's Completed Qualifying Employment Period (must be at least one complete academic year)*				
Began (MM/DD/YYY)	egan (MM/DD/YYY) and Ended (MM/DD/YYYY)			
Certifying Official's Name and Job Title				
Certifications: By signing this form, I certify that this borrower was employed full time as a mathematics or science teacher in a high need local educational agency, as defined above, for a complete academic year during the dates listed.		Signature of Certifying Official:		
I also certify that all of the information provided in the cancellation section of this form is true and accurate.		Date Signed:		
*Note: Altered dates must be initialed by the Certifying	Official.			
Return Completed Form to: Student Business Services 1156 High Street 203 Hahn Building Santa Cruz, CA 95064			This space is for the Institutional Seal. If not available, please provide official letter of certification. SEAL	