

**PRINCIPAL FELLOWS PROGRAM (PFP)
Request for Service Cancellation**



Please print or type.

SECTION 1. Borrower Request for Service Cancellation of Loan

Name: _____ SSN: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Local Education Agency: _____ School: _____

Masters of School Administration (MSA) graduates who received an administrator license and who are employed as a public school administrators (PSA) as an Assistant Principal or Principal, prior to January 1, 1998, may continue to be employed as a PSA after that date, subject to continuing education and any other licensure renewal requirements after 1/1/98.

Masters of School Administration graduates who are not employed as a PSA as an Assistant Principal or Principal prior to January 1, 1998, must successfully complete any licensure requirements of the North Carolina Standards Board for Public School Administration in effect as of 1/1/98 and be licensed by the State Board of Education.

For MSA graduates who are not employed as Public School Administrators prior to January 1, 1998:

My PSA License No.: _____ My License Expires: _____

I request that my repayment obligation to the State of North Carolina be canceled through service as a public school administrator. I understand that I must work for 1 (one) year with one Local Education Agency to qualify for any cancellation of principal or interest. I authorize my employer to provide information to SEAA about the dates of my employment, the position I hold, and my full-time status as needed to qualify for service cancellation of my loan(s).

Signature of Borrower

Date

SECTION 2. Certification of Employment

(To be completed by Employer)

I certify that the above named public school administrator began full-time employment in our system as:

Principal Assistant Principal Other: _____

Date Began Full-time Employment: _____ Date Full-time employment ended: _____
(mm/dd/yy) (if applicable mm/dd/yy)

Term of Employment: 10 Month 11 Month 12 Month

Was there any unpaid leave of absence during this period? _____ NO _____ YES
If yes, then attach explanation and include dates of the absence

I attest that the foregoing information is true and correct to the best of my knowledge.

Signature of Official

Date

Name and Title (please print or type)

Local Education Agency

(_____) _____
Telephone Number

PO Box, Street Address City State Zip

Please return to: **HEW – Repayment Services Section**
PO Box 14223
RTP, NC 27709

revised 8/2000