

**SOUTH CAROLINA TEACHING FELLOWS
REQUEST FOR DEFERMENT – GRADUATE SCHOOL**

(Please Print Or Type)

STUDENT INFORMATION		
Name:	Last 4 Digits of SS#:	
Any Additional Name on Records:		
Street Address:		
City:	State:	ZIP Code:
Phone:	Email Address:	
Teaching Fellows Institution Attended:		
Date You Entered the Teaching Fellows Program (MM/YYYY):		
Date You Graduated from the Teaching Fellows Program (MM/YYYY):		
GRADUATE PROGRAM INFORMATION		
<p>This is my official notification to the SC Teaching Fellows program that I will be attending graduate school full-time during the ____/____ academic year. I am aware that my promissory note states that I have five (5) years from the date of my undergraduate graduation to complete four (4) years of teaching service, but that this period may be extended for up to three (3) uninterrupted years if I am enrolled as a full-time graduate student at an accredited institution. I understand that I must notify CERRA of my status each year with this form and must send enrollment verification each semester. I understand that I am still bound by the terms of my original agreement and am aware that if I do not complete my teaching obligation by means of service within the appropriate timeframe, I am obligated to start making monthly payments on the portion of my balance remaining.</p>		
Graduate School Attending:		
Semester You Entered the Graduate School Program (ex. Fall 2008):		
Expected Date of Graduation:		
Please attach verification of full-time enrollment to this form. Updated enrollment information must be sent to CERRA each semester you are enrolled.		
Any Additional Comments:		
Signature of Teaching Fellow:		Date:
RETURN FORM TO:		
CERRA * Attn: Teaching Fellows Program * Stewart House at Winthrop University * Rock Hill, SC 29733 Phone: 803-323-4032 * Fax: 803-323-2339		