South Carolina Graduate Incentive Scholars Award Program

Request for Cancellation or Deferment

Name: _____ Institution Number: 19013

Street Address: _____ Social Security # _____

City: _____ State: _____

Zip Code: _____ Date of Birth: _____

Lending Institution: Medical University of South Carolina Date You Left Lending Institution: _____

This is to certify that I am (check only one):

- □ Recently employed, in South Carolina and wish to defer my loan for one year prior to cancellation. Date of employ: _____

- □ Serving an internship, residency, or fellowship. Type of Program: _____

  Institution Name: _____

  Signature of authorizing official: _____

  Verification for residency must bear official stamp or seal of the institution.

- □ Requesting cancellation of up to $5,000 of my loan for each year of employ within the State of South Carolina. Enclosed is the following document:
  1. A statement from my employer verifying my dates of employ with an entity conducting business within the state of South Carolina.

Borrowers Signature: _____ Date: _____

Return completed form to: Medical University of South Carolina
Student Accounting
Post Office Box 250177
Charleston, SC 29425