2017 Teacher Shortage Loan Forgiveness Program
Letter of Certification

from
School District Superintendent or School Principal

Please contact NDUS at 701-328-2906 if you have questions.


Mail: North Dakota University System, 600 E Boulevard Ave., Dept. 21, Bismarck, ND 58505-0602
In Person: State Capitol Building, Judicial Wing, 1st Floor, Room 103, Bismarck, ND
Fax: 701-328-2979
Online: Apply online or upload documents at https://cts.ndus.edu/tsf

This form is to be completed by the school district superintendent or school principal ONLY!

I hereby certify that ____________________________

(please PRINT the applicant’s name)

is teaching under a **full-time 9-month employment contract** in (check the term or terms) Fall 2016_____ Spring 2017_____ at ____________________________ in ____________________________ in _____

(School Name) in (City) in (State)

Check the qualifying teaching shortage area that the applicant is requesting loan forgiveness for:

- [ ] Agriculture Education (2015-16, 2016-17)
- [ ] Art (2015-16)
- [ ] Business & Office Tech/Business Ed(2015-16)
- [ ] Career Education (2015-16)
- [ ] Computer Education (2015-16, 2016-17)
- [ ] Driver & Traffic Safety Education (2016-17)
- [ ] Economics & Free Enterprise System (2016-17)
- [ ] Elementary Teacher (K-8) (2016-17)
- [ ] English Language Arts (2015-16, 2016-17)
- [ ] Family and Consumer Science (2015-16, 2016-17)
- [ ] Information Technology (2015-16)
- [ ] Mathematics (2015-16, 2016-17)
- [ ] Music (2016-17)
- [ ] Physical Education (2015-16, 2016-17)
- [ ] PK-12 Counselor (2016-17)
- [ ] Science (2015-16, 2016-17)
- [ ] Social Studies (2015-16, 2016-17)
- [ ] Special Education (2015-16, 2016-17)
- [ ] Technology Ed. (Industrial Arts) (2015-16)
- [ ] (other area applicant funded under in 2015-16)

Signature and Certification of Superintendent or Principal:

__________________________________________

Printed Name & Title of Superintendent or Principal certifying this application

_________________________ _______________________

Signature of Superintendent or Principal Date

_________________________

Email address

_________________________

Phone number

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