

**MIHL - ECSI**

**Request for Nursing Service Deferment/Cancellation**

(Nursing Education – BSN, RN to BSN, MSN, RN to MSN, Ph.D./DNP; Nursing Teacher Stipend)

**PART I – TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK)**

**Personal Information:**

Last Name	First Name	SSN (XXX-XX-XXXX)
Street Address	City	State
Zip	Date of Birth	Email Address
Home Phone #	Cell Phone #	Work Phone #

**Request for Service Deferment:**

A request for service deferment should be submitted at the **BEGINNING** of each year of required service.

**Request for Service Cancellation:**

A request for service cancellation should be submitted at the **END** of each year of required service.

**Cancellation is granted for continuous 12-month employment periods.**

<b>Deferment Period BEGIN Date</b> Current Work Year Start Date (MM/YYYY)	<b>Expected Deferment Period END Date</b> Current Work Year End Date (MM/YYYY)
<b>Cancellation Period BEGIN Date</b> Completed Work Year Start Date (MM/YYYY)	<b>Cancellation Period END Date</b> Completed Work Year End Date (MM/YYYY)

Altered dates will not be accepted

**CERTIFICATION:** This is to certify that I WAS and/or AM employed as a FULL-TIME OR PART-TIME Registered Nurse or FULL-TIME Nursing Instructor for the above dates at:

Hospital/Clinic or School Name	Hospital/Clinic or School Street Address	
City, State, Zip	County	Telephone #

I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE.

**X** \_\_\_\_\_  
Borrower's Signature Date

**PART II – TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT**

I CERTIFY THAT THE INFORMATION STATED ABOVE IS CORRECT.

**X** \_\_\_\_\_  
Signature of Authorizing Official Date

Printed Name, Title, and Address of Official	Official Stamp or Seal - If no stamp or seal is available please provide letterhead certification, signed by appropriate human resources official, <u>in addition to this form</u> . The letter must include employee's name and full-time and part-time (if applicable) employment dates.		
Telephone #			
Dates Borrower Employed Full-time (MM/DD/YYYY)	From:	To:	FTE Hours:
Dates Borrower Employed Part-time (MM/DD/YYYY)	From:	To:	FTE Hours:

**NOTE:** This form is **INCOMPLETE** without borrower's signature, social security number, beginning and ending dates of service deferment and/or cancellation period, and **COMPLETE** Part II certification. For service deferment requests, students graduating with their BSN degree must provide a copy of their Mississippi Nursing License (RN to BSN excluded).

**RETURN FORM TO:**

Mississippi Institutions of Higher Learning (MIHL)  
C/O Heartland ECSI  
P.O. Box 1278  
Wexford, PA 15090

**CONTACT:**

Email: [webcservice@ecsi.net](mailto:webcservice@ecsi.net)  
Phone: 888.549.3274

PART III FOR OFFICE USE  
PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_