

PART II - TO BE COMPLETED BY THE EMPLOYER

- ▶ Is the borrower employed as a full-time staff member, regularly employed in a full-time professional capacity to carry out the educational part of a Head Start program? Yes No

- ▶ Will the program operate for a full academic year or its equivalent? Yes No

- ▶ What is the borrower's job title? _____
(Please attach an official, detailed job description.)

Name and Title of Certifying Official

Signature of Certifying Official

Telephone Number _____ Date _____

Cancellation forms can be mailed or faxed to:
Boston College
Office of Student Services, Lyons Hall
140 Commonwealth Avenue
Chestnut Hill, MA 02467
Attn: Mark Schuman
Fax: 617-552-4889