

This space for servicer's use only

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SECTIONS A-D MUST BE COMPLETED FULLY
BORROWER MUST COMPLETE ALL AREAS OUTLINED IN RED AND/OR IN DASHES
Federal Perkins (NDSL) Student Loan - Request for Deferment

Please print-This section must be filled out completely.

Name, Address, City, State, Zip, Home Phone, Work Phone, Email address, Institution that granted loan(s), Social Security No., Account number(s) on billing statement, Return to: Campus Partners, P.O. Box 2901, Winston-Salem, NC 27102-2901, Fax: 336-607-2093

Table with 6 columns: DEFERMENT CONDITION, All loans disbursed on or after 7/1/93, Federal Perkins disbursed on or after 7/1/87 but before 7/1/93, National Direct disbursed on or after 10/1/80 but before 6/30/87, National Direct disbursed before 10/1/80, NOTES. Rows include: At least Half-time student, Rehabilitation Training, Graduate Fellowship, Internship/residency, Dental residency, Inability to secure full-time job, Economic Hardship, Full-time volunteer, for tax-exempt org., Peace Corps/Action, U.S. Armed Services, Officer in PHS, NOAAC, Temporary total disability borrower/spouse, Care of totally disabled dependent, Mother returning to work, Parental leave.

*Additional documentation required. Please contact servicer or see Deferment Information on our web site at www.mycampusloan.com.
+ In anticipation of cancellation # For periods beginning 10/07/98 or after

D. Certification of Deferment Period and Status (School or service unit)
OPE Code _____ Note: We cannot accept a form certified more than 30 days prior to the beginning of your enrollment period.
Name of school or service unit _____ Phone No. _____
Address _____ PO Box _____ Street _____
City _____ State _____ Zip _____
I certify that this student is/was enrolled as at least a _____ half-time or a _____ full-time regular degree-seeking student (defined in 34 CFR 600.2) for the deferment period indicated in Section B, leading to a degree in _____
Our institution is on the _____ Semester _____ Quarter _____ Trimester _____ Clock Hour system
I certify that this borrower is/was serving in an internship/residency program required for professional practice in the field of _____
I certify that this borrower is/was in an approved graduate fellowship program _____
An approved rehabilitation training program for disabled individuals. _____
Signature of Certifying Official (Altered dates must be initialed by Certifying Official.) _____ Date _____
Title of Certifying Official _____

B. Dates deferment requested
Beginning and Ending
Mo. Day Yr. Mo. Day Yr.
Altered dates must be initialed by certifying official
Check if you intend to enroll next semester/quarter _____
C. Borrower signature
I declare that the information above is true and accurate. I further declare that I will notify my lender or loan servicer immediately upon change in my status. I further understand that if, for any reason, I am unable to complete the term of service for which I have requested deferment benefits, I will begin repayment of my loan, including deferred payments, immediately.
Signature of borrower _____
Date _____

Internal Use Only:
Date processed _____ Analyst's initials _____
Comment _____
Last 3 digits Program No. SEQ No.
Type Begin End
Mo. Year Mo. Year
Last 3 digits Program No. SEQ No.
Type Begin End
Mo. Year Mo. Year

For Lending Institution use only:
Request disapproved
Deferment approved
Student status
Peace Corps
Internship/Residency
Volunteer service
NOAAC
Graduate fellowship/rehabilitation training
Working mother
Temporary total disability:
spouse dependent borrower
Military service
VISTA
Dental residency
U.S. Public Health Service
Parental Leave
Date of status:
Beginning _____ Ending _____
Signature _____
Date _____