

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, Social Security No., Account number(s) on billing statement, Address, Check if new address, City, State, Zip, Home Phone, Work Phone, Email Address, Cell Phone, Institution that granted loan(s)

A. Deferment: Check one block for deferment type. (One block must be checked.)

Table with 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, NOAAAC, Temporary total disability borrower/spouse, Care of totally disabled dependent, Mother returning to work, Parental leave.

\*Additional documentation required. Please see Deferment Information on our web site at www.mycampusloan.com or contact the school that granted your loan.
+ 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

This space is for institutional seal. If not available, provide official letter of certification.

An approved rehabilitation training program for disabled individuals.

SEAL

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 (required)

Date

Internal Use Only:

Date processed Analyst's initials

Comment

Last 3 digits Program No. SEQ No.

Type Begin End Mo. Year Mo. Year QL

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Last 3 digits Program No. SEQ No.

Type Begin End Mo. Year Mo. Year QL

Type Begin End Mo. Year Mo. Year QL

For Lending Institution use only:

- Request disapproved
Deferment approved

- Student status Military service
Peace Corps VISTA
Internship/Residency Dental residency
Volunteer service U.S. Public Health Service
NOAAC Parental Leave
Graduate fellowship/rehabilitation training
Working mother
Temporary total disability: spouse dependent borrower

Date of status: Beginning Ending

Signature

Date