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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

	ase print-this section if ame				Social Security No.		Account number(s) on billing statement
A	ddress					Check if new addre	
C	ity				ome Phone		· · · · · · · · · · · · · · · · · · ·
E	mail address			Return to: Campus Partners P.O. Box 2901 Winston-Salem, NC 27102-2901			
In	stitution that granted loar	n(s)				()	Fax: 336-607-2093
A. Deferment: Check one block for deferment type. (One block must be checked.)  All loans   Federal Perkins   National Direct   National						B. Dates deferment requested Beginning and Ending Altered dates	
<b>✓</b>	DEFERMENT CONDITION	disbursed on or after 7/1/93	disbursed on or after 7/1/87 but before 7/1/93	disbursed on or after 10/1/80 but before 6/30/87	Direct disbursed before 10/1/80	NOTES	must be initialed by !! Mo. Day Yr. Mo. Day Yr. certifying official
	At least Half-time student	Yes	Yes	Yes	Yes	Form required for each quarter/sem. after official	Check if you intend to enroll next semester/quarter
	Rehabilitation Training	Yes*	Yes #*	Yes #*	Yes #*	registration For disabled individuals	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.
	Graduate Fellowship	Yes*	Yes #*	Yes #*	Yes #*	Form required each year Must be full time	
	Internship/residency	No	Two years*	Two years*	No	Must be required to begin professional practice	
	Dental residency	Yes	Yes#	Yes#	No	Must be required to begin professional practice	
	Inability to secure full-time job	Three years	Yes #*	Yes#	Yes#	This form cannot be used for this deferment	Signature of borrower
	Economic Hardship	Three years	Yes #*	Yes#	Yes#	This form cannot be used for this deferment	   Date
	Full-time volunteer, for tax-exempt org.	No	Three years*	Three years*	No	On full-time active duty; entire enlistment required	
	Peace Corps/Action	Yes+	Three years	Three years	Three years	Entire enlistment required	Internal Use Only: Date processed Analyst's initials
	U.S. Armed Services	If combat/ active duty	Three years	Three years	Three years	Entire enlistment/copy of military orders required	Comment Last 3 digits
	Officer in PHS	No	Three years	Three years	No	Commissioned Corps of Public Health Service	Program No. SEQ No.
	NOAAC	No	Three years*	No	No	National Oceanic & Atmospheric Administration Corps	QL Type Begin End
	Temporary total disability borrower/spouse	No	Three years*	Three years*	No	Cannot be employed or attending school	Mo. Year Mo. Year
	Care of totally disabled dependent	No	Thee years*	No	No	Cannot be employed or attending school	Last 3 digits
	Mother returning to work	No	One year*	No	No	Preschool children	Program No. SEQ No.
	Parental leave	No	Six months*	No	No	Pregnancy, newborn or child adoption	Type Begin End
Additional documentation required. Please contact servicer or see Deferment Information on our web site at <a href="https://www.mycampusloan.com">www.mycampusloan.com</a> .  + In anticipation of cancellation # For periods beginning 10/07/98 or after							
D. Certification of Deferment Period and Status (School or service unit)  Last 3 digits							
OPE Code Note: We cannot accept a form certified more than 30 days prior to the beginning of your enrollment period. Program No. SEQ No.							
Name of school or service unit Phone No.							Type Begin End Mo. Year Mo. Year
Address PO Box Street For Lending Institution use only:							
Ci	ty			State		Zip	Request disapproved Deferment approved
	☐ I certify that this in 34 CFR 600.2) for	student is/was the deferment	s enrolled as at least a t period indicated in Se	☐ half-time or a ☐ ction B, leading to a	] full-time regular d degree in	legree-seeking student (defined	Student status Military service Peace Corps VISTA
Our institution is on the Semester Quarter Trimester Clock Hour system Volunteer service NOAAC Parental L Certify that this borrower is/was serving in an internship/residency program required for professional practice in the field of Graduate fellowship/rehabilitation train							Volunteer service       □ U.S. Public Health Service         NOAAC       □ Parental Leave         □ Graduate fellowship/rehabilitation training
☐ 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.							☐ Working mother ☐ Temporary total disability: ☐ spouse ☐ dependent ☐ borrower
	☐ An approved re	habilitation trai	ning program for disabl	ed individuals.	available	SEAL	Date of status:
-	lamahana -F.O115 1 - O	fficial /All	datas mint by 1 90 1 1	by Contif in Off	51.	Date	Beginning Ending
	ignature of Certifying O		aates must be initialed	Signature Date			
Ti	tle of Certifying Official			9164F (11-09)			