

FEDERAL PERKINS (NDSL) STUDENT LOAN - REQUEST FOR DEFERMENT

Name			Social Security No.
Address (Apt.-Street)			Loan No. (Program & Loan# on Billing Statement)
City	State	Zip	Home Telephone (Including Area Code)
			E-mail Address

Complete all sections and return form to:

Campus Partners
P.O. Box 2901
Winston-Salem, NC 27102-2901

Telephone: 1-800-334-8609
Web: www.mycampusloan.com

<input checked="" type="checkbox"/>	DEFERMENT CONDITION	All loans disbursed on or after 7/1/93	NOTES
	At least half-time student	YES	Form required for each quarter/semester after official registration
	Rehabilitation training	YES	For disabled individuals
	Graduate Fellowship	YES	Form required each year; must be full-time
	Dental Residency	YES	Must be required to begin professional practice
	Peace Corps or Action Service	YES *	Entire enlistment required (3 years)
	U.S. Armed Services	YES *	Entire enlistment required (3 years)
	Service eligible for Cancellation	YES *	File cancellation request form at beginning and end of service period for % cancellation credit

*In anticipation of cancellation benefits

PART 2: DATES DEFERMENT REQUESTED AND BORROWER SIGNATURE (To be completed by borrower)			
I request deferment for this period of eligibility:	Beginning (Mo-Day-Yr)	Ending (Mo-Day-Yr)	Note: Altered dates must be initialed by the certifying official
Date	Signature of Borrower		

PART 3: CERTIFICATION OF DEFERMENT PERIOD AND STATUS (To be completed by School, Service Unit or Employer only)			
Name of School, Service Unit or Employer		OPE Code	Phone No. (Including Area Code)
Address	P.O. Box	Street	City State Zip
<input type="checkbox"/>	Student deferment: I certify that this student is/was enrolled as at least a <input type="checkbox"/> half-time or a <input type="checkbox"/> full-time regular degree-seeking student (defined in 34 CFR 600.2) for the deferment period indicated in Part 2 above, leading to a degree. Our institution is on the <input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester <input type="checkbox"/> Clock Hour system		
<input type="checkbox"/>	Graduate Fellowship deferment: I certify that this borrower is/was in an approved graduate fellowship program for the deferment period indicated in Part 2 above.		
<input type="checkbox"/>	Internship/Residency deferment (for loans made before 7/1/93 only): I certify that this borrower is/was serving in an internship/residency program for the deferment period indicated in Part 2 above required for professional practice in the field of:		
<input type="checkbox"/>	Rehabilitation training deferment: I certify that this borrower is/was in an approved rehabilitation program for disabled individuals for the deferment period indicated in Part 2 above.		
Name of Certifying Official (altered dates must be initialed by certifying official)		Title of Certifying Official	
Note: We cannot accept a form certified more than 30 days prior to the beginning of your enrollment period			

PART 4: INSTITUTIONAL ACTION (To be completed by UW Student Loans & Receivables Office)			
<input type="checkbox"/> Approved	Period of Eligibility or Reason for Denial	Signature of Loan Officer	Date
<input type="checkbox"/> Denied			