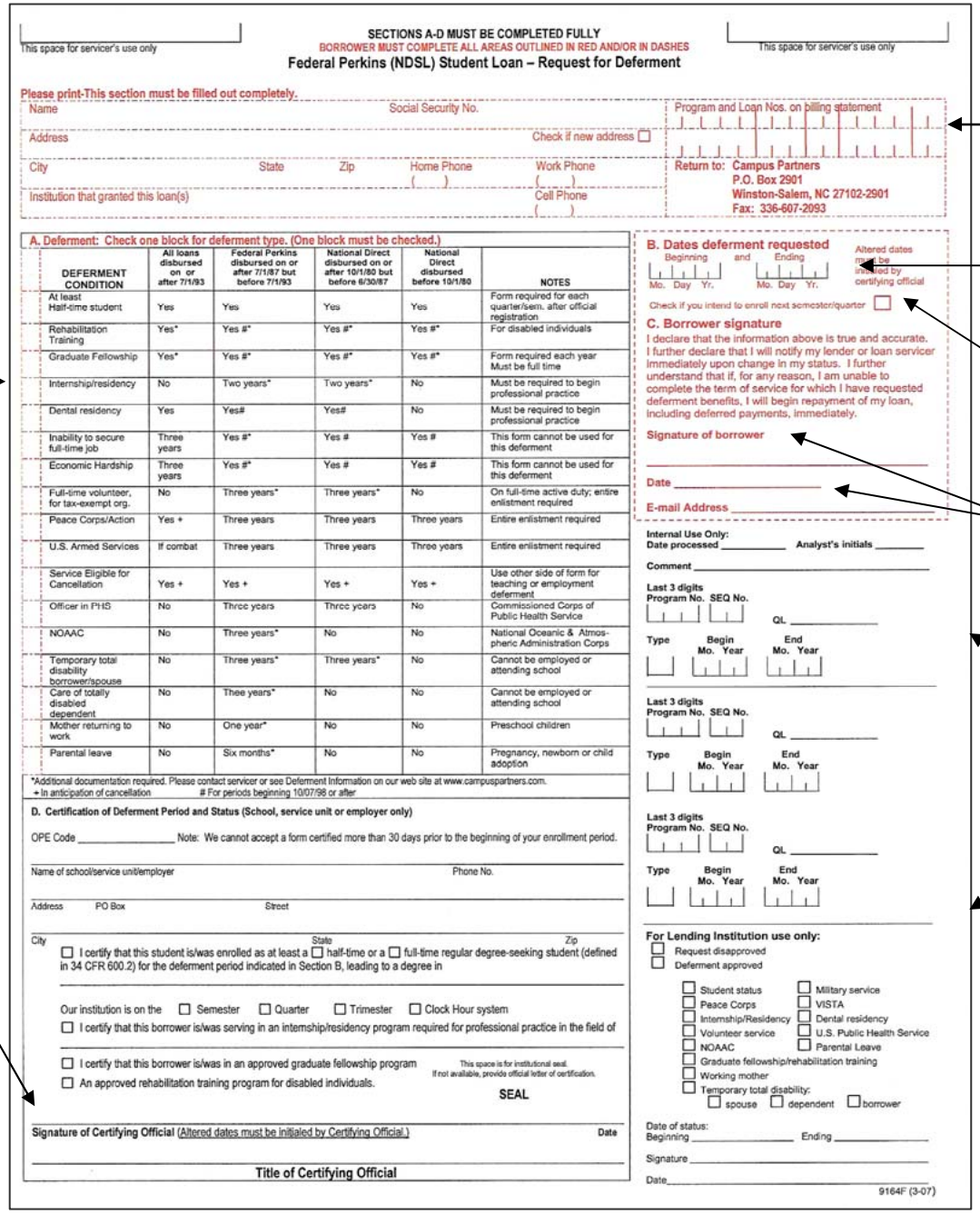
Instructions: How to Complete the Federal Perkins Student Request for Deferment Form

Please fill in all areas outlined in red and/or in dashes.

In this section of the deferment request, please read each condition. Choose one that best represents your needs. Please note: If an asterisk (*) appears in this section, you will need to send additional information in with your request.

Please take this form to your registrar's office, program director, commanding officer or anyone in authority to sign this form. It is a requirement to have a signature and title of the individual signing this form. <u>Certification must be within 30 days of the start date.</u>



This space for servicer's use only

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

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Please print-This section must be filled out completely.

Name | Social Security No. | Program and Loan Nos. on billing statement

Address | Check if new address ☐

City | State | Zip | Home Phone ( ) | Work Phone ( ) | Cell Phone ( )

Institution that granted this loan(s)

Return to: Campus Partners
P.O. Box 2901
Winston-Salem, NC 27102-2901
Fax: 336-607-2093

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

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
At least Half-time student	Yes	Yes	Yes	Yes	Form required for each quarter/sem. after official registration
Rehabilitation Training	Yes*	Yes #*	Yes #*	Yes #*	For disabled individuals
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
Economic Hardship	Three years	Yes #*	Yes #	Yes #	This form cannot be used for this deferment
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
U.S. Armed Services	If combat	Three years	Three years	Three years	Entire enlistment required
Service Eligible for Cancellation	Yes +	Yes +	Yes +	Yes +	Use other side of form for teaching or employment deferment
Officer in PHS	No	Three years	Three years	No	Commissioned Corps of Public Health Service
NOAAC	No	Three years*	No	No	National Oceanic & Atmospheric Administration Corps
Temporary total disability borrower/spouse	No	Three years*	Three years*	No	Cannot be employed or attending school
Care of totally disabled dependent	No	Thee years*	No	No	Cannot be employed or attending school
Mother returning to work	No	One year*	No	No	Preschool children
Parental leave	No	Six months*	No	No	Pregnancy, newborn or child adoption

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

D. Certification of Deferment Period and Status (School, service unit or employer only)

OPE Code _____ Note: We cannot accept a form certified more than 30 days prior to the beginning of your enrollment period.

Name of school/service unit/employer | 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.

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

SEAL

Signature of Certifying Official (Altered dates must be initialed by Certifying Official.) | Date

Title of Certifying Official

B. Dates deferment requested

Beginning Mo. Day Yr. and Ending 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 _____

E-mail Address _____

Internal Use Only:
Date processed _____ Analyst's initials _____

Comment _____

Last 3 digits Program No. SEQ No. QL _____
Type | Begin Mo. Year | End Mo. Year

Last 3 digits Program No. SEQ No. QL _____
Type | Begin Mo. Year | End Mo. Year

Last 3 digits Program No. SEQ No. QL _____
Type | Begin Mo. Year | End Mo. Year

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 _____

9164F (3-07)

Place your 16 digit account number here.

Please place the beginning and ending dates here of the quarter, semester, trimester or academic year you are currently attending. Please check the box if you are planning on attending school the next semester, quarter, trimester or academic year. Also sign and date here.

For OFFICE use only!

12/2007