

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
(Use reverse side for cancellation)

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, Day telephone, Evening telephone, Institution that granted this loan(s), Return to: Campus Partners P.O. Box 2901, Winston-Salem, NC 27102-2901

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, Service Eligible for Cancellation, 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.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

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

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
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

BORROWER MUST COMPLETE ALL AREAS OUTLINED IN RED AND/OR IN DASHES
Federal Perkins (NDSL) Student Loan - Request for Cancellation
(Use reverse side for deferment)

Please print-This section must be filled out completely.

Name, Social Security No., Address, City, State, Zip, Day telephone, Evening telephone, Program and Loan Nos. on billing statement, Return to: Campus Partners, P.O. Box 2901, Winston-Salem, NC 27102-2901

You may qualify for the following partial loan cancellation benefits, regardless of the terms or your promissory note: FULL-TIME TEACHER in a public or nonprofit elementary or secondary school designated by the Secretary of Education as having a high concentration of low-income students...

NOTE: If the service or employment for which you are claiming partial loan cancellation is not included in your promissory note, then the service or employment must start October 7, 1998, or after. In this case, teachers employed in a year-around program may qualify if the school year began on or after July 1, 1998.

Two forms are required for each year, a Request for Deferment submitted at the beginning of the year and a Request for Cancellation at the end of that year's service.

A. Cancellation or Deferment CHECK BLOCK(S) FOR TYPE OF SERVICE
B. Employment or Enlistment Period (must be one complete year)
C. Job Title/Description/Subjects Teaching
D. Declaration
Signature of borrower (required)
E-mail Address

E. Certification of Employment or Enlistment Period
Name of School, Place of Employment or Service Unit
Address
City
State
Zip
Signature of Certifying Official
Date
Title of Certifying Official
\*Note: Altered dates must be initialed by Certifying Official
This space for Institutional Seal. If not available, provide official letter of certification.
SEAL

For lending institution only:
Cancellation approved
Deferment approved
Principal Cancelled \$
Defense (10%, 15%)
Request disapproved
Interest Cancelled \$
Perkins (15%, 20%, 30%)
Teaching, Peace Corps, VISTA, Law Enforcement, Head Start, Nurse, Med Tech, Child-Family Service
Signature
Date
Internal use only: Date
Analyst's Initials

Table with columns: Last 3 digits Program No., SEQ No., Type, Begin Mo. Year, End Mo. Year, Comment. Includes rows for Principal cancelled and Interest cancelled.