

## CERTIFICATION OF DEFERMENT STATUS

### NURSE FACULTY LOAN PROGRAM

<p><b>INSTRUCTIONS:</b> To request deferment of repayment on your Nurse Faculty Loan, two (2) copies of a Certification of Deferment Status form must be filed with the lending school at each of the following times: (1) when your first repayment installment is due, (2) annually thereafter as long as you are eligible for such deferment, and (3) when you cease to be in eligible deferment status. A copy of the form, properly executed, as submitted to the school, should be retained for your own records.</p> <p>NOTE: Provisions governing deferment of a Nurse Faculty Loan vary according to the date such loans were made; therefore, you should read the <i>Guide for repayment, deferment and cancellation of Health Professions or Nursing Loans</i> for the specific provisions applicable to your loan(s) before completing this form. The Guides are available from the school from which the loan was made.</p>	
<p><b>NAME AND ADDRESS OF BORROWER:</b></p>	<p><b>ACCOUNT NUMBER:</b></p>
	<p><b>SOCIAL SECURITY NUMBER:</b></p>
	<p><b>NAME AND ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE:</b></p>
<p><b>EMAIL ADDRESS:</b></p>	
<p><b>HOME PHONE: ( ) _____ WORK PHONE: ( ) _____ CELL PHONE: ( ) _____</b></p>	
<p><b>PART 1 – REQUEST FOR DEFERMENT OF REPAYMENT – To be completed by borrower if he/she:</b></p>	
<p>Performs active duty as a member of the uniformed service. *</p> <p style="margin-left: 40px;">This is to certify that I was in the _____ (Enter Name of Service)</p> <p style="margin-left: 40px;">From _____ To _____</p>	
<p>I further agree to notify the school from which I receive assistance immediately upon termination of my status as indicated above.</p>	
<p><b>SIGNATURE OF BORROWER</b></p>	<p><b>DATE</b></p>
<p><b>PART II – CERTIFICATION OF DEFERMENT</b></p>	
<p>To be completed by Commanding Officer and mailed to school from which the loan was made.</p>	
<p><b>NAME AND ADDRESS OF UNIFORMED SERVICE HEADQUARTERS</b></p>	<p><b>SIGNATURE OF COMMANDING OFFICER</b></p>
	<p><b>DATE</b></p>
<p><b>INSTITUTIONAL ACTION (School from which the loan was made)</b>          Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></p> <p>Reason for disapproval _____          _____</p>	<p><b>SIGNATURE</b></p>
	<p><b>DATE</b></p>
<p><b>*The uniformed services of the United States are the Army, Navy, Marine Corps, Air Force, Coast Guard, the National Oceanic and Atmospheric Administration Corps, and the U.S. Public Health Services Commissioned Corps.</b></p>	

Once properly completed, you may return this form to your lending institution or to:

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