## 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

This space for servicer's use only

## Federal Perkins (NDSL) Student Loan – Request for Deferment

(Use reverse side for cancellation) lease print-This section must be filled out completely.														
Name	ion must be filled	u out completely.	Program and Loan Nos. on billing statement											
Address					Check if new address	╒═╌┊╌┸╌┸╌┸╌┦╌┖╌┦╌╂╌┸╶╂╌┸╌╂╌┸╌								
City		State	Zip		Day telephone									
Institution that granted			) Evening telephone	Return to: Campus Partners										
( ) P.O. Box 2901, Winston-Salem, NC 27														
A. Deferment: Chec						B. Dates deferment requested Altered dates								
DEFERMENT	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	D NOTES	Beginning and Ending must be 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	Yes*	Yes #*	Yes #*	Yes #*	registration  For disabled individuals	C. Borrower signature								
Training Graduate Fellowshi	ip Yes*	Yes #*	Yes #*	Yes #*	Form required each year	I declare that the information above is true and accurate. I further declare that I will notify my lender or loan servicer								
Internship/residenc	y No	Two years*	Two years*	No	Must be full time  Must be required to begin	immediately upon change in my status. I further understand that if, for any reason, I am unable to								
Dental residency	Yes	Yes#	Yes#	No	professional practice  Must be required to begin	complete the term of service for which I have requested deferment benefits, I will begin repayment of my loan,								
Inability to secure	Three	Yes #*	Yes#	Yes#	professional practice  This form cannot be used for	including deferred payments, immediately.  Signature of borrower								
full-time job  Economic Hardship	years	Yes #*	Yes#	Yes#	this deferment  This form cannot be used for									
	years				this deferment	Date								
Full-time volunteer, for tax-exempt org.		Three years*	Three years*	No	On full-time active duty; entire enlistment required	E-mail Address								
Peace Corps/Action		Three years	Three years	Three years	Entire enlistment required	Internal Use Only:								
U.S. Armed Service	es If combat	Three years	Three years	Three years	Entire enlistment required	Date processed Analyst's initials								
Service Eligible for Cancellation	Yes+	Yes +	Yes +	Yes +	Use other side of form for teaching or employment deferment	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 & Atmos- pheric Administration Corps	Type Begin End Mo. Year Mo. Year								
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	Last 3 digits Program No. SEQ No.								
Mother returning to work	No	One year*	No	No	Preschool children	QL								
Parental leave	No	Six months*	No	No	Pregnancy, newborn or child adoption	Type Begin End Mo. Year Mo. Year								
*Additional documentation + In anticipation of cancell		act servicer or see Defern or periods beginning 10/0		web site at www.c	ampuspartners.com.	] [] [] []								
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.  Last 3 digits Program No. SEQ No.														
Name of school/service un	it/employer		ne No.	Type Begin End Mo. Year Mo. Year										
Address PO Box		Street												
City I certify that in 34 CFR 600.2	this student is/was	enrolled as at least a period indicated in Se	For Lending Institution use only:  Request disapproved  Deferment approved											
Our institution is	on the Sen	nester	Student status Military service Peace Corps VISTA											
☐ I certify that	this borrower is/wa	as serving in an interns	hip/residency progra	ım required for p	professional practice in the field of	☐ Internship/Residency ☐ Dental residency ☐ Volunteer service ☐ U.S. Public Health Service ☐ NOAAC ☐ Parental Leave								
☐ I certify that	this borrower is/wa	as in an approved grad	uate fellowship progr	Th	is space is for institutional seal. ble, provide official letter of certification.	Graduate fellowship/rehabilitation training Working mother								
☐ An approved	d rehabilitation trair	ning program for disabl	ed individuals.	ii not avalla	SEAL	☐ Temporary total disability: ☐ spouse ☐ dependent ☐ borrower								
Signature of Certifyin	g Official (Altered	dates must be initialed	by Certifying Officia	<u>ll.)</u>	Date	Date of status: Beginning Ending								
-		Title of Ce	rtifying Official			Signature Date								

## BORROWER MUST COMPLETE ALL AREAS OUTLINED IN RED AND/OR IN DASHES

City   State   Zip   Day telephone   Day tel	This space for servicer's use only				SOUTLINED IN RED AND/OR IN DASH Dan — Request for Cancella		_	This	space for	r servi	cer's use c	nly	
Name  Social Security No.  Program and Loan Nos. on billing statement  Address  Check if new address  City  State  Zip  Day telephone  ()  Institution that granted this loan(s)  Evening telephone  ()  PO. 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 sche designated by the Secretary of Education as having a high concentration of low-income students, and in which more than 30 percent of the school's enrollment is Title I children, according to the published annually in the Federal Register; full-time SPECIAL EDUCATION TEACHER, including teachers of infants, toddlers, children and youth with disabilities in a public or nonprofit sche system; FULL-TIME TEACHER IN A FIELD OF EXPERTISE such as mathematics, science, foreign languages, bilingual education or other fields where the state education agency determines the is a shortage of qualified teachers; full-time educational staff member in a HEAD START PROGRAM carried out under the Head Start Act (formerly under the Economic Opportunity Act of 196 validation must be attached; active duty service in the MILITARY in an area of hostilities that qualifies for special pay under Section 310 of Title 37 of the U.S. Code; volunteer service under the publicity funded and its principal activities must pertain to crime prevention, control or reduction or enforcement of criminal law, and your principal responsibilities are unique to criminal just system; full-time employment for 12 consecutive months as a NURSE or MEDICAL TECHNICIAN providing health care services; working full time in a public or private nonprofit child or family servia agency for 12 consecutive months as a qualified professional PROVIDER OF EARLY INTERVENTION SERVICES in a public or nonprofit program authorized in Sect. 676(b)(9) of the Individuals w Disabilities Education Act.	Places print This section must be filled out come												
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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, and in which more than 30 percent of the school's enrollment is Title I children, according to the published annually in the Federal Register; full-time SPECIAL EDUCATION TEACHER, including teachers of infants, toddlers, children and youth with disabilities in a public or nonprofit school system; FULL-TIME TEACHER IN A FIELD OF EXPERTISE such as mathematics, science, foreign languages, bilingual education or other fields where the state education agency determines the is a shortage of qualified teachers; full-time educational staff member in a HEAD START PROGRAM carried out under the Head Start Act (formerly under the Economic Opportunity Act of 196 validation must be attached; active duty service in the MILITARY in an area of hostilities that qualifies for special pay under Section 310 of Title 37 of the U.S. Code; volunteer service as a LAW ENFORCEMENT OR CORRECTIONS OFFICER in an eligible local, state or federal agency – the agen must be publicly funded and its principal activities must pertain to crime prevention, control or reduction or enforcement of criminal law, and your principal responsibilities are unique to criminal justic system; full-time employment for 12 consecutive months as a NURSE or MEDICAL TECHNICIAN providing health care services; working full time in a public or private nonprofit child or family service agency for 12 consecutive months as a qualified professional PROVIDER OF EARLY INTERVENTION SERVICES in a public or nonprofit program authorized in Sect. 676(b)(9) of the Individuals w Disabilities Education Act.	Institution that granted this loan(s)			Evenir							.1		
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system; FULL-TIME TEACHER IN A FIELD OF EXPERTISE such as mathematics, science, foreign languages, bilingual education or other fields where the state education agency determines the is a shortage of qualified teachers; full-time educational staff member in a HEAD START PROGRAM carried out under the Head Start Act (formerly under the Economic Opportunity Act of 196 validation must be attached; active duty service in the MILITARY in an area of hostilities that qualifies for special pay under Section 310 of Title 37 of the U.S. Code; volunteer service under the PEACE CORPS Act or Domestic Volunteer Service Act of 1973 (VISTA); service as a LAW ENFORCEMENT OR CORRECTIONS OFFICER in an eligible local, state or federal agency — the agen must be publicly funded and its principal activities must pertain to crime prevention, control or reduction or enforcement of criminal law, and your principal responsibilities are unique to criminal justification in the provision of SERVICES or MEDICAL TECHNICIAN providing health care services; working full time in a public or private nonprofit child or family service agency for 12 consecutive months providing or supervising the provision of SERVICES TO HIGH-RISK CHILDREN from low-income communities and families of such children; full-time employment for 12 consecutive months as a qualified professional PROVIDER OF EARLY INTERVENTION SERVICES in a public or nonprofit program authorized in Sect. 676(b)(9) of the Individuals w Disabilities Education Act.	designated by the Secretary of Education as having	g a high concentration	of low-income studer	its, and	in which more than 30 percent of t	the sch	nool's enro	ollment is Ti	tle I chil	dren,	according	g to t	he list
is a shortage of qualified teachers; full-time educational staff member in a HEAD START PROGRAM carried out under the Head Start Act (formerly under the Economic Opportunity Act of 196-validation must be attached; active duty service in the MILITARY in an area of hostilities that qualifies for special pay under Section 310 of Title 37 of the U.S. Code; volunteer service under the PEACE CORPS Act or Domestic Volunteer Service Act of 1973 (VISTA); service as a LAW ENFORCEMENT OR CORRECTIONS OFFICER in an eligible local, state or federal agency – the agent must be publicly funded and its principal activities must pertain to crime prevention, control or reduction or enforcement of criminal law, and your principal responsibilities are unique to criminal justification; system; full-time employment for 12 consecutive months as a NURSE or MEDICAL TECHNICIAN providing health care services; working full time in a public or private nonprofit child or family service agency for 12 consecutive months providing or supervising the provision of SERVICES TO HIGH-RISK CHILDREN from low-income communities and families of such children; full-time employment for 12 consecutive months as a qualified professional PROVIDER OF EARLY INTERVENTION SERVICES in a public or nonprofit program authorized in Sect. 676(b)(9) of the Individuals we Disabilities Education Act.													
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system; full-time employment for 12 consecutive months as a NURSE or MEDICAL TECHNICIAN providing health care services; working full time in a public or private nonprofit child or family serving agency for 12 consecutive months providing or supervising the provision of SERVICES TO HIGH-RISK CHILDREN from low-income communities and families of such children; full-time employment for 12 consecutive months as a qualified professional PROVIDER OF EARLY INTERVENTION SERVICES in a public or nonprofit program authorized in Sect. 676(b)(9) of the Individuals we Disabilities Education Act.													
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Disabilities Education Act.	agency for 12 consecutive months providing or supe	ervising the provision	of SERVICES TO HIG	3H-RIS	K CHILDREN from low-income con	nmunit	ties and fa	milies of su	ch child	lren; f	ull-time e	mploy	yment
		onal PROVIDER OF	EARLY INTERVENTI	ON SE	RVICES in a public or nonprofit pr	rogram	n authorize	ed in Sect.	676(b)(	9) of	the Indivi	iduals	s with
	NOTE: If the service or employment for which you a					ervice	or employ	ment must	start O	ctober	7, 1998,	or af	fter. If
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.						ncellati	ion at the e	nd of that ye	ar's ser	vice.			
A. Cancellation or Deferment *Additional documentation required. Please contact E. Certification of Employment or Enlistment Period				!	-								
CHECK BLOCK(S) FOR TYPE OF SERVICE servicer before sending this form.  Pre-Kindergarten Middle School Law Enforcement* Vocational	CHECK BLOCK(S) FOR TYPE OF SERVICE servi	ricer before sending this	form.	!									
□ Kindergarten □ High School □ Nurse/Med Tech* □ Peace Corps/VISTA Name of School, Place of Employment or Service Unit	•				Name of School, Place of Employment or	r Service	e Unit						
☐ Elementary ☐ Head Start* ☐ Child/Fam Service* ☐ Military (Combat)	*		☐ Military (Combat)	į	Address						Phono N	No	
□ Spec. Ed.: Attach a description of your students or clients and the percentage of disabled in the classroom.  Address Phone No.		nts or clients and the pe	rcentage of disabled in t	ne	Audress						riionei	NO.	
City State Zip				ļ							Zip		
Legal Name of School or Employing Agency  ☐ I CERTIFY THAT THE BORROWER IS EMPLOYED FULL TIME.  Please check all	Legal Name of School or Employing Agency				☐ I CERTIFY THAT THE BORROV	VER IS	EMPLOYED	FULL TIME.					
County School District I certify that this is a public elementary or secondary school.	County School	ol District		į	☐ I certify that this is a public element	entary o	r secondary	school.	b	oxes	that ap	oply	
☐ I certify that this school is operated by the Bureau of Indian Affairs.				ļ	☐ I certify that this school is operate	ed by the	e Bureau of	Indian Affairs.					
City State Zip  B. Employment or Enlistment Period (must be one complete year)		mplete year)	Zip		☐ I certify Peace Corps/VISTA.								
Beginning and Ending   I certify that this is a private or public nonprofit elementary or secondary school registered by the STATE EDUCATION AGENCY (verification should be attached by certifying official).	1 1 1	Ending		ĺ								ne	
Anticipation of Mo. Day Yr. Mo. Day Yr.	Anticipation of Mo Day Yr	Mo. Day Yr.		į	<u> </u>	•				•	ciai).		
Cancellation	Beginning and	Ending		i	i certify that this is a public or priv	vate nor	nprolit chila t	or iamily service	e agency				
Signature of Certifying Official Date	!	Mo Day Vr		į	Signature of Certifying Official						Date		
		WO. Day 11.		į									
C. Job Title/Description/Subjects Teaching  Title of Certifying Official	C. Job Title/Description/Subjects Teaching			ļ	_	Title	of Certifyin	g Official					
*Note: Altered dates must be initialed by Certifying Official				ļ	*Note: Altered dates must be initi	aled by	y Certifyin	g Official					
State Board Date(s) Med Tech/RN Lic. Date(s) This space for Institutional Seal. If not available, provide official letter of certification.  Received/	1	Med Tech/RN Lic. Date(s)	Must complete for		This space for Institutional S	eal. If	not availab	le, provide o	fficial lett	ter of o	certification	٦.	
Pass Date  Mo. Day Yr. Mo. Day Yr.  No. Day Yr.	Pass Date	Mo. Day Yr.		!			SEAL						
D. Declaration I declare that the information shown above is true and accurate. I further declare that		s true and accurate	L further declare t	hat									
I will notify my lender immediately upon change in my status. I further understand  For lending institution only:	I will notify my lender immediately upon char	nge in my status. I	further understand	į	•								
that if, for any reason, I am unable to complete the year of service for which I have requested deferment benefits, I will begin repayment of my loan immediately.    Cancellation approved   Deferment approved Principal Cancelled \$   Defense (10%, 15%)   Request disapproved Interest Cancelled \$   Defense (10%, 15%)   Def				;	=								
Signature of Perkins (15%, 20%, 30%)						eques	r aisappro	veumterest	Jancelli	ou Þ			
borrower (required) Date Teaching, Peace Corps, VISTA, Law Enforcement, Head Start, Nurse, Med Tech, Child-Family Service	<b>;</b>		Date	-	Teaching, Peace Corps, VISTA, Law I	Enforce	ement, Head	d Start, Nurs	e, Med Te	ech, Cl	nild-Family	Serv	ice
E-mail Address Date	i -				<u> </u>								-
L	L			!	Internal use only: Date			Analyst's I	nitials _				-

Last 3 digits Program No.	SEQ No.	Туре	B∈ Mo.	egin Year		nd Year	Comment	
	QL			oxdot	Ļ	Щ	Principal cancelled	Interest cancelled
	QL			لِلـــا	_لـا	$oxed{oxed}$	Principal cancelled	Interest cancelled
	QL			oxdot	Ļ	$oxed{oxed}$	Principal cancelled	Interest cancelled
	QL					$oxed{oxed}$	Principal cancelled	Interest cancelled
	QL						Principal cancelled	Interest cancelled9164F (1-07)