Office Use _ _ _ _ _ - _ _ _

Office Use _ _ _ _ _ - _ _ _

SEPARATION DATE CHANGES

Campus Partners
Post Office Box 2902
Winston-Salem, NC 27102

Institution Name	Program No.	Transmittal No.	Date

	Name	Loan No.	Seq.	Sep Date	Bill Opt	EnrStrt	EnrEnd	ES	EffDt
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									

Your Name _____

Phone _____

P-9174 (03-00)

BILL OPT – (for outstanding amounts due)

~~b~~ = Leave all accrued bills
Q = Defer principal and interest
Y = Defer principal only

(ES) Codes for Enrollment Status

A = Approved Leave of Absence
D = Deceased
F = Full Time
G = Graduated
H = Half Time < Full Time
L = Less than Half Time
W = Withdrawn
N = Not Available