Office Use _ _ _ _ _ - _ _ _

Office Use _ _ _ _ _ - _ _ _

ASSIGNMENT TRANSMITTAL

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

Institution Name	Program No.	Transmittal No.	Date

☐ Loans Assigned ☐ Loans Accepted ☐ Changed from Assigned to Accepted ☐ Reversals – Indicate Return Reason

Return Reason
I – Requested
V – By Institution
Rejected by ED

	Name	Loan No.	Seq.	Assigned/Accepted Date	Default Principal	Default Interest	Return Reason	Delinquent Charges
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

	Principal	Interest	Delinquent Charges
Total This Page			
Grand Total			

Your Name _____

Phone _____

P-9177 (03-00)