Office Use ___ ___ ___ ___ ___-___ ___ ___ Office Use ___ ___-___ ___ ___ ___ ___ ___

Campus Partners
Post Office Box 2902
Winston-Salem, NC 27102-2902
(800) 458-4492
www.campuspartners.com

ADVANCE TRANSMITTAL

Institution Name	Program No.	Program Batch No.	Date

Note: Batch ticket must accompany transmittal(s). Use this transmittal only for loans in **Enrolled (IX)** or **Grace (2X)** statuses. The **Advance Date Will Determine if Advance is for Current or Prior Fiscal Year.**

Name | Loan No. | Seq. | Advance Amount[1] | Advance Date[2] | Fund Issue No. (Private Funds Only)[3] | D[4] C | S[5] F | I[6] C

ENR STAT CD[7] | ENR EFF DTE[8] | ENR END DTE[9]

Name | Loan No. | Seq. | Advance Amount[1] | Advance Date[2] | Fund Issue No. (Private Funds Only)[3] | D[4] C | S[5] F | I[6] C

ENR STAT CD[7] | ENR EFF DTE[8] | ENR END DTE[9]

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ENR STAT CD[7] | ENR EFF DTE[8] | ENR END DTE[9]

Name | Loan No. | Seq. | Advance Amount[1] | Advance Date[2] | Fund Issue No. (Private Funds Only)[3] | D[4] C | S[5] F | I[6] C

ENR STAT CD[7] | ENR EFF DTE[8] | ENR END DTE[9]

Your Name _____

Phone _____ Date _____

Total This Page

Grand Total
(Last Page Only)