

CERTIFICATION OF DEFERMENT STATUS NURSE FACULTY LOAN PROGRAM

INSTRUCTIONS: 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.

NOTE: Provisions governing deferment of a Nurse Faculty Loan vary according to the date such loans were made; therefore, you should read the *Guide for repayment, deferment and cancellation of Health Professions or Nursing Loans* 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.

NAME AND ADDRESS OF BORROWER:	ACCOUNT NUMBER:
	SOCIAL SECURITY NUMBER:
	NAME AND ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE:
EMAIL ADDRESS:	
HOME PHONE: () _____ WORK PHONE: () _____ CELL PHONE: () _____	
PART 1 – REQUEST FOR DEFERMENT OF REPAYMENT – To be completed by borrower if he/she:	
<p>Check one of the eligible deferment options below:</p> <p><input type="checkbox"/> NFLP borrower performs active duty as a member of the uniformed service*. This is to certify that I was in the _____ (Name of Service), from _____ to _____.</p> <p><input type="checkbox"/> NFLP borrower graduated and is employed as nurse faculty, decided to return to a graduate nursing education program to further their preparation as nurse faculty</p> <p><input type="checkbox"/> NFLP borrower graduated and participates in post-doctoral program</p>	
I further agree to notify the school from which I receive assistance immediately upon termination of my status as indicated above.	
SIGNATURE OF BORROWER	DATE
PART II – CERTIFICATION OF DEFERMENT	
To be completed by Commanding Officer and mailed to school from which the loan was made.	
NAME AND ADDRESS OF UNIFORMED SERVICE HEADQUARTERS	SIGNATURE OF COMMANDING OFFICER
	DATE
INSTITUTIONAL ACTION (School from which the loan was made) Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Reason for disapproval _____ _____	SIGNATURE
	DATE
<p>*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.</p>	

Once properly completed, you may return this form to your lending institution (if you send payments to your school) or to:

Campus Partners
 P.O. Box 2901
 Winston-Salem, NC 27102
 (if you send your payments to Campus Partners)