

# BORROWERS REQUEST FOR DEFERMENT

RETURN TO: STUDENT LOAN SERVICE CENTER  
NORTH DAKOTA UNIVERSITY SYSTEMS  
Dept 3180 PO Box 6050  
Fargo, ND 58108-6050

1-800-698-7397 or 1-701-231-9545 Fax 701-231-9551

Please complete the Borrower Information and sign the form.  
Check the appropriate type of deferment and fill in the dates.  
The form must be certified to be processed by our office.

## BORROWER INFORMATION:

BORROWER'S NAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
Please print

ADDRESS: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(date)

\_\_\_\_\_ SIGNATURE \_\_\_\_\_

THIS IS TO CERTIFY THAT I AM/WAS (complete one category below) Expected Graduation Date: \_\_\_\_\_

### DEFERMENT – PERKINS LOANS

From (m/d/y) To (m/d/y)

Pursuing a course of study in an institution of higher education ( ) At least half time ( ) Full Time \_\_\_\_\_

Full time member of the ( ) Peace Corps ( ) Vista \_\_\_\_\_

Full time member of the Armed Forces (for loans made prior to 7/93) \_\_\_\_\_

### DEFERMENT – NURSING LOANS

Pursuing a full time course of study in Nursing . ( ) Associate ( ) Baccalaurate degree \_\_\_\_\_

Full time Member of the ( ) Uniformed Services ( ) Peace Corps \_\_\_\_\_

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## TO BE COMPELTED BY CERTIFYING OFFICAL, REGISTRAR OR COMMANDING OFFICER

I certify that the information stated above is true and correct.

Actual Dates for deferment

From(mo/day/yr): \_\_\_\_\_

To (mo/day/yr) : \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
School or organization Name & Address

\_\_\_\_\_  
School OPEID#