

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**ND Student ID or Last Four Digits of SSN:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

- **If approved your deferment or forbearance may only be granted for 12 months.**
- **You will need to file a new request at the end of the deferment period.**

**Deferment - Nursing Loans**

**In-School Deferment** - Currently enrolled at least half-time in a baccalaureate or graduate nursing program.

**Full-time member of the Peace Corp or Uniformed Services.**

**Beginning date of request:** \_\_\_\_\_ **Ending date of request:** \_\_\_\_\_

Borrower Signature

Date

**To be completed by Certifying Official, Registrar or Commanding Officer**  
**I certify that the information stated above is true and correct.**

**Date of Service/Enrollment:** \_\_\_\_\_

**Name and Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Signature

Date

**Seal or Stamp:**

***If your organization does not have an official seal or stamp,  
please attach a signed memo on your organization's letterhead.***

Mail completed form and certifying letter to:

Student Loan Service Center  
NDUS  
Dept 3180, PO Box 6050  
Fargo ND 58108-6050

Phone (701) 231-9545  
Toll Free (800) 698-7397