



Alternative Loans Program
Campus Partners Deferment Request (In-School/Residency Internship)

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to a fine of no more than \$10,000, or imprisonment for no more than five years or both under the provisions of 20 U.S.C. 1097.

Please enter the following information. If correction, check here: []

SSN _____ - _____ - _____

Name _____

Address _____

City, State, Zip _____

Telephone-Home () _____

Telephone-Home () _____

Section 1 – Deferment Request – Must be completed by borrower. See definitions and eligibility criteria below.

I meet the qualifications stated below for deferment based on the enrollment status checked below and request to defer the repayment of my loans.

Check if applicable: [] I am enrolled at an eligible school as at least a HALF-TIME STUDENT.
 [] I am attending Residency/Internship.

Borrower Interest Selection Understandings and Certifications

I understand that: (1) My deferment will begin no more than six months before my lender/servicer receives this request or the date the deferment condition began, whichever is later; (2) My lender/servicer will not grant this deferment request unless all applicable sections of the form are completed and any additional required documentation is provided; (3) Principal payments will be deferred, but I am responsible for paying the interest that accrues; (4) If I do not choose, by checking the box below (see **Interest Section**), to pay all interest that accrues during my deferment period, my lender/servicer will capitalize such interest to the extent permitted by law. This will increase the principal balance of my loan(s); (5) if my deferment does not cover all my past due payments, my lender/servicer may grant me a forbearance for all payments due before the begin date of my deferment.

I certify that: (1) The information provided in Section 1 above is true and correct; (2) I will provide additional documentation, as required, to my lender/servicer to support my continued deferment status; (3) I will notify my lender/servicer immediately when the condition(s) that qualified me for the deferment ends; and (4) I have read, understand, and meet the terms and conditions of the deferment for which I have applied.

Borrower Signature _____

Date _____

Section 2 – Authorized School Official's Certification

Instructions for School Official: Item (1) and Item (2) of this section must be completed. The school official, in lieu of completing this section, may attach its own enrollment certification report listing the required information.

I certify, to the best of my knowledge and belief, that the borrower named above:

(1) Is/Was enrolled during the academic period at least half-time from (MM-DD-YY) ___/___/___ to (MM-DD-YY) ___/___/___.

(2) Is reasonably expected to complete his/her program requirements on (MM-DD-YY) ___/___/___.

Name of School _____ School Code _____

Address _____ Telephone () _____

City, State, Zip _____

Signature of Authorized Official/Date _____ Name/Title of Authorized Official _____

Returned the completed form to:

Campus Partners
 PO Box 1830
 Winston-Salem, NC 27102
 (800) 315-4950 or FAX: (336) 607-2093

For Office Use Only	
Interest-only payments <input type="checkbox"/>	Accrued Interest & Capitalize <input type="checkbox"/>
Date Received _____	Examiner _____
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>