

## NFLP CERTIFICATION OF DEFERMENT STATUS

**INSTRUCTIONS:** To request deferment of repayment on your Nurse Faculty Loan, the Certification of Deferment Status form must be filed with the lending school at each of the following times: (1) when your deferment status begins, (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.

NAME AND ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE

NAME AND ADDRESS OF BORROWER

ACCT NO/SSN:

TELEPHONE:

EMAIL:

**PART I : REQUEST FOR DEFERMENT OF REPAYMENT -To be completed by borrower if he/she:**

Check one of the eligible deferment options below:

- 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 .

- 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.
- NFLP borrower graduated and participates in post-doctoral program.

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 School Registrar or Commanding Officer and mailed to school from which the loan was made.

NAME AND ADDRESS OF SCHOOL OR UNIFORMED SERVICE HEADQUARTERS

SIGNATURE OF REGISTRAR OR COMMANDING OFFICER

DATE

PART III UAS USE ONLY	MONTH/YEAR	# MOS/CODE	PAST DUE AMOUNTS			
			PRINCIPAL	INTEREST	LATE	TOTAL
FORM PROCESSED BY:	DEFER					
	DEFER					
	GE DATE					
DATE:	LETTER					

**PART IV LENDING INSTITUTION ACTION**

SIGNATURE OF APPROVING OFFICIAL \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_