



OFFICE OF THE BURSAR
 ONE JOHN MARSHALL DRIVE
 HUNTINGTON, WV 25755
 (304)696-2234 (800) 438-5389.

REQUEST FOR DEFERMENT OF REPAYMENT

Part 1 : To be completed by borrower		PART 2: To be completed by borrower	
Social Security Number <hr/> Name: (Last, First, Middle Initial) <hr/> Address: (Street, City, State, Zip) <hr/>	Loan programs covered by this deferment (Check-appropriate programs) <input type="checkbox"/> NDSL/PERKINS <input type="checkbox"/> BOT <input type="checkbox"/> CHARLIE LEW <input type="checkbox"/> HEALTH <input type="checkbox"/> PRIMARY CARE <input type="checkbox"/> NURSING		
Part 3: To be completed by borrower			
Non Teacher (Check appropriate type)		Teacher (Check appropriate deferment type)	
<input type="checkbox"/> Enrolled and in attendance as at least half time student <input type="checkbox"/> Volunteer Service (Peace Corp, Vista, Action) <input type="checkbox"/> Military <input type="checkbox"/> Law Enforcement/Correction Officer <input type="checkbox"/> Internship/Residency <input type="checkbox"/> Nursing/Medical Technician <input type="checkbox"/> Permanent/Total Disability <input type="checkbox"/> Parental Leave <input type="checkbox"/> Active Duty NOAAC <input type="checkbox"/> Mother Re-enter Work force <input type="checkbox"/> Other		<input type="checkbox"/> Full time special education teacher <input type="checkbox"/> Full time teacher where there is a shortage of qualified teachers as determined by State- Dept of ED <input type="checkbox"/> Full time teacher in low income school as deemed by State Dept of ED <input type="checkbox"/> Head Start <hr/> Name of School. <hr/> Address: (County, Street, City, Zip)	
TITLE & DUTIES:			
Part 4: To be completed by Certifying School/Agency/Institution for all borrowers			
Date Deferment Covers Starting Date: _____ Ending Date: _____			
Part 5: To be completed by Certifying ,School/Agency/Institution for all borrowers			
Name of Organization <hr/> Address: (Street, City, State, Zip) <hr/>		Official Seal or Stamp (If none include signed letter of Certification on letterhead)	
Signature of Authorized Official <hr/> Title and Date			
Part 6 To be competed by borrower			
Signature: _____ Date: _____			
"NOTE" PLEASE READ YOUR PROMISSORY NOTE CAREFULLY IN ORDER TO VERIFY WHICH DEFERMENTS ARE AVAILABLE RELATING TO YOUR LOAN. YOU MUST COMPLETE A FORM EACH SEMESTER			