Deferment Instructions—Active Duty Non-Combat Service

Please complete in blue or black ink.

Part 1

1. Please fill out the top part of the form completely; we want to make sure the deferment is applied to the correct account. If the information section is not complete the form will be returned.

2. Your full year of such employment will be one year from the time you started your job or started your new position.

Part 2

1. Please have your manager or supervisor verify part 2.

2. Return the document to address provided in the top right corner of the form.

Important

An original signature is required to process this form; therefore the forms must be received by mail.
Deferment – Active Duty Non-Combat Service

Name: ________________________________________________________________

Address: _____________________________________________________________________________________________

City: __________________________________ State: __________ Zip: _________________

Student ID: W________________________ Last four of SSN: __________________________

DEFERMENT APPLICATION PART 1: To be completed by the borrower.

PART 1: I am on active duty non-combat service in the US armed forces. I hereby apply for deferment of my student loan repayments. I waive any unexpired portion of my original grace period. I understand that the maximum overall deferment for military service is three years, and that I am required to re-apply yearly.

Check all that apply

☐ Health Professions Student Loan
☐ Nursing Student Loan
☐ NDSL/Perkins Loan

My branch of service is ___________________________________________________________

My period of service began Mo_______ Day_______ Yr_______ and ends Mo_______ Day_______ Yr_______

My telephone number is ___________________________________________________________

Email __________________________________________________________

Date ___________________ Signed ________________________________________________

PART 2: To be completed by borrower’s commanding officer.

I hereby certify that the information stated by the borrower above is true and correct to the best of my knowledge.

Name of Organization ___________________________________ Affix seal or stamp

City & State ________________________________________________

Telephone ________________________________________________

Date ___________________ Signed ________________________________________________

Printed Name ________________________________________________

Title __________________________________________________________