Iowa State University Long Term Student Loan Deferment Request

NAME      SOC. SEC. NO.         Please Return to:
__________________________________ ______________          ISU Loans Receivable
ADDRESS (Apt-Street)                  0880 Beardshear Hall
__________________________________________________          Ames, IA 50011
CITY                   STATE      ZIP       NEW ADDRESS?
______________________  ______ ________  ___________          ________________
DAY TELEPHONE     EVENING TELEPHONE
_____________________  ____________________

IF YOU NEED ADDITIONAL INFORMATION, PLEASE REFER TO YOUR PROMISSORY NOTE FOR DESCRIPTION OF DEFERMENT BENEFITS.

Student Deferments:
Student status deferment is possible if you are attending an institution of higher learning and are carrying a half-time or greater course load. Forms must be submitted each semester, quarter, etc. A student continuing his education must Complete ALL of the Sections Below on this form indicating expected enrollment at the beginning of each school year or semester (depending on the lending institution). The student must obtain proper certification from the registrar.

A. THIS SECTION MUST BE COMPLETED BEFORE ELIGIBILITY CAN BE DETERMINED

Deferment:            Deferment by at least half-time student status? _________
Borrower must fill in dates Beginning Ending
Altered dates must be initialed by certifying official.
|__|__| |__|__|        |__|__| |__|__|  Mo.      Yr.             Mo.      Yr.

Borrower Signature Required:
I declare that the information shown above is true and accurate. I further declare that I will notify my lender immediately upon my change in my status. I further understand that if, for any reason, I am unable to complete the year for which I have requested deferment benefits, I will begin repayment of my loan, including deferred payments, immediately.

Signature of Borrower Required __________________________________ Date __________________

B. BORROWER MUST OBTAIN PROPER CERTIFICATION BEFORE ELIGIBILITY CAN BE DETERMINED

Certification of Benefit Period and Status: This space for Institution Seal. If not available, please provide letter of certification.

NAME OF SCHOOL

ADDRESS POST OFFICE BOX STREET

CITY STATE ZIP PHONE NO.

______________________  ______  _________  ___________________  __________________

I certify that this student is/was enrolled at least half-time for the deferment benefit period indicated above.
Our institution is on the ___ Semester ___ Quarter ___ Trimester System (check one)

Signature & Title of Certifying Official: _________________________________ Date __________________

For Lending Institution Only:
Deferment granted for _________ to _________.
Still in grace from__________ to _________. Next payment due _________.

Signature: _________________________________ Date __________________

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