

REQUEST FOR EXTENSION OF SCHOOL DEFERMENT: STAFFORD LOANS

I certify that I will be returning to classes for the fall term as follows:

School _____

Enrollment Status (check one) **FULL TIME** **HALF TIME**

If I am enrolled at least half-time, I certify that my first loan was made on or after July 1, 1987.
I understand that I must meet this requirement to be eligible for a deferment for at least half-time study.

First day of classes for the fall term (mm/dd/yy) _____/_____/_____

This date is rarely any earlier than in August. Do not provide the begin date for a summer session, even if you are enrolled for the summer term.

I understand that the servicer must receive certified enrollment information provided by my school or guarantor, or a completed deferment form certified by my school within 30 days from the first day of classes. Otherwise, I will be required to begin repaying my loan balance in accordance with a payment schedule the servicer will send me.

I understand that if I sign this Statement and DO NOT return to school, all outstanding interest will be added to my loan principal.

Signature

Date

Borrower Name

Account Number