

STUDENT DEFERMENT FORM FEDERAL PERKINS/NATIONAL DIRECT STUDENT LOANS

Name	SSN	RETURN COMPLETED FORM TO: Arkansas State University Treasurer's Office PO Box 2640 State University, AR 72467 (870) 972-2285 (888) 278-5626 toll free
Address		
City, State, Zip		
Home Telephone	Work Telephone	

Section 1 – DEFINITIONS/ELIGIBILITY CRITERIA/INSTRUCTIONS – Must be read and understood by borrower.

A student deferment is a period of time during which the borrower is not required to repay the loan principal and interest does not accrue.

A borrower is eligible for a student deferment while enrolled at an eligible school as AT LEAST A HALF-TIME REGULAR STUDENT. A regular student is defined as one enrolled for the purpose of obtaining a degree or certificate.

The student is required to submit a student deferment request form each semester. Students attending schools that award credit on a basis other than by semester should file the form annually.

Section 2 – DEFERMENT REQUEST – Must be completed by borrower.

I meet the qualifications stated above for the student deferment and request that Arkansas State University defer repayment of my loans.

I am/was enrolled as at least a half-time regular student during the academic period:

From (MM-DD-YY) _____ to (MM-DD-YY) _____

I expect to complete program requirements on: (MM-DD-YY) _____

I certify that: (1) The information provided in Section 2 above is true and correct; (2) I will provide additional documentation, as required, to Arkansas State University to support my continued deferment status; (3) I will notify the Loan Department at Arkansas State University immediately when the condition(s) that qualified me for the deferment ends; and (4) I have read, understand, and meet the terms and conditions of the deferment for which I have applied.

Borrower Signature _____ Date _____

Section 3 – AUTHORIZED OFFICIAL'S CERTIFICATION

I certify, to the best of my knowledge and belief that the borrower named above is/was enrolled as at least a half-time regular student during the time indicated in Section 2 above, and the borrower meets all of the eligibility requirements.

The school may attach its own enrollment certification report listing the required information in lieu of completing this section. The school MUST AFFIX its official seal or stamp.

Place Official
Seal or
Stamp
Here

Name of Educational Institution _____		
Address _____	School Code _____	
City, State, Zip _____	Telephone _____	
Signature of Authorized Official _____	Date _____	
Name/Title of Authorized Official _____		

For Office Use Only: ____Approved ____Disapproved Date _____ Initials _____