

**REQUEST FOR DEFERMENT/POSTPONEMENT OF REPAYMENT
NURSING STUDENT LOAN**

INSTRUCTIONS: Borrower should complete General Information and Part I. Borrower is responsible to get Part II certified by authorized official.

<p>GENERAL INFORMATION</p> <hr/> <p>Name _____</p> <p>SID or Last 4 Digits of SSN _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Home Phone Number () _____</p> <p>Work Phone Number () _____</p> <p>E-Mail: _____</p>	<p>Return completed form to:</p> <p align="center">Minnesota State Colleges and Universities Student Loan Service Center 30 7th St E, Suite 350 St Paul, MN 55101-7804 Tel: 651.201.1500 Fax: 651.215.3979 Website: www.slsc.mnscu.edu Email: loans@so.mnscu.edu</p>
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PART I: TO BE COMPLETED BY BORROWER

____ STUDENT STATUS (Must be at least half-time in continuing nursing education)

PERIOD REQUESTED

Beginning _____ / _____ / _____ **Ending** _____ / _____ / _____ **Estimated Completion Date** _____

Month Day Year Month Day Year

I declare that the information above is true and accurate. I further declare that I will notify the Service Center if my status changes.

BORROWER SIGNATURE _____ **DATE** _____

<u>PART II: TO BE COMPLETED BY APPROPRIATE OFFICIAL</u>	INSTITUTION OPE ID NUMBER
Name of institution or organization _____	_____
Address _____	
City _____ State _____ Zip _____	
Phone Number (Including Area Code) _____	
SPECIFIC DATES: from _____ to _____	
<u>I certify that the deferment status and period requested are true and correct.</u>	INSTITUTIONAL SEAL (Where available)
Signature of Official _____	Print Name _____ Date _____
Title of Official _____	

PART III: FOR MnSCU OFFICE USE ONLY

Deferment Decision: Deferred FROM _____ TO _____ Rejected _____

Reason If Rejected _____

Signature _____ Date _____