

**\*\*\* FORM MUST BE RETURNED WITHIN 15 DAYS \*\*\***

**Request for Postponement/Deferment**

**FOR NDSL, PERKINS, and FEDERAL PERKINS LOANS**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Date sent \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_ SS # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**A DEFERMENTS / POSTPONEMENTS**

- Student deferment - at least half time student
- Armed Services - before 7/1/93 or after 7/1/2001
- Officer in Commissioned Corps of the U.S. Public Health Service before 7/1/93
- National Oceanic & Atmospheric Admin Corps - before 7/1/93
- Peace Corps, VISTA or ACTION Volunteer - before 7/1/93
- Temporary total disability - before 7/1/93
- Internship/Residency preceding professional practice - before 7/1/93
- Parental leave - must apply within 6 months of leaving school - before 7/1/93
- Mother returning to work - before 7/1/93
- Volunteer full time in a tax-exempt organization comparable to Peace Corps or ACTION - before 7/1/93
- Graduate fellowship program - after 7/1/93
- Rehabilitation training - after 7/1/93

**UNIVERSITY of DENVER**  
**2197 S. University Blvd U-Hall #223**  
**Denver, CO 80208**  
**303-871-4901**  
**FAX 303-871-4401**  
www.du.edu/bursar

**B DEFERMENT DATES**

Beginning (mm/dd/yy) \_\_\_\_\_ Ending (mm/dd/yy) \_\_\_\_\_

**C DECLARATION**

I declare that the information shown above is true and correct. I further declare that I will notify my lender or \_\_\_\_\_ immediately upon any change in my status. I further understand that if, for any reason, I am unable to complete the year of service for which I have requested postponement/deferment benefits, I will begin repayment of my loan, including postponed payments immediately.

Signature of Borrower \_\_\_\_\_ Date \_\_\_\_\_

**D CERTIFICATION STATUS This must be completed before form can be processed.**

Name of institution or organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Certifying Official \_\_\_\_\_

Title of Certifying Official \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone No. \_\_\_\_\_

Postponement/Deferment dates:

Beginning (mm/dd/yy) \_\_\_\_\_ Ending (mm/dd/yy) \_\_\_\_\_

Postponement/Deferment forms must be submitted yearly or each semester of school.

**OFFICIAL SEAL or STAMP**

If not available, attach letter on letterhead paper.

**SCHOOL CODE #**

**E Completed by the Lending Institution (for office use only)**

Beginning Date of Status \_\_\_\_\_ Ending Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_