

# Iowa State University Long Term Student Loan Deferment Request

NAME \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

ADDRESS (Apt-Street) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ NEW ADDRESS? \_\_\_\_\_

DAY TELEPHONE \_\_\_\_\_ EVENING TELEPHONE \_\_\_\_\_

Please Return to:  
ISU Loans Receivable  
0880 Beardshear Hall  
Ames, IA 50011

**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? \_\_\_\_\_

**Period Requested:**

Borrower must fill in dates  
**Altered dates must be initialed  
by certifying official.**

Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
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 \_\_\_\_\_