

**STUDENT DEFERMENT FORM
FEDERAL PERKINS/NATIONAL DIRECT STUDENT LOANS**

RETURN COMPLETED FORM TO:

Arkansas State University
Student Account Services
PO Box 1680
State University, AR 72467
(870) 972-2285
(888) 278-5626 toll free

Name _____	SSN _____
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.



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 _____