

**CERTIFICATION OF DEFERMENT STATUS
Nursing Student Loan Program**

**INSTRUCTIONS ON BACK OF FORM - PRINT IN INK OR TYPE
PART I - GENERAL INFORMATION (To be completed by borrower)**

Borrower's responsible to advise Emory University of current address.	ACCOUNT NUMBER(S)	
NAME OF BORROWER		
STREET ADDRESS		
CITY, STATE, ZIP	SOCIAL SECURITY NUMBER	
PHONE NUMBER _____ CHECK HERE IF NEW ADDRESS Area Code ()	NAME OF LENDING INSTITUTION (Emory University)	DATE LEFT

Forms Must Be Filed Annually. Separate Forms Must Be Filed For Each Year Of Deferment.

ACTUAL DATES OF ATTENDANCE/SERVICE REQUIRED

This is to certify that I am/was: (Check one)

<p>___ A. Enrolled as at least a ___ half-time ___ full-time student at an accredited school of nursing. From: _____ To: _____ Month/Year Month/Year</p>
<p>___ B. Enrolled as a full-time student in a course of study <u>leading to an advanced degree</u> in nursing or otherwise pursuing advanced professional training which will advance my knowledge of and strengthen my skills <u>in the provision of nursing services</u>. From: _____ To: _____ Month/Year Month/Year</p> <p>1. I possess a _____ degree. (diploma, associate, baccalaureate, graduate)</p> <p>2. a. I am pursuing a _____ degree.</p> <p>b. I am enrolled in a _____ degree. (certificate, specialty)</p>
<p>___ C. Member of a uniformed service (including NOAAC and Public Health Service). From: _____ To: _____ Month/Year Month/Year</p>
<p>___ D. Member of the Peace Corps Volunteer Service. From: _____ To: _____ Month/Year Month/Year</p>
<p>I claim exemption from payment of principal and accrual of interest on my Nursing Student Loan during the period indicated above. I agree to notify the lending institution upon termination of my status.</p>
<p>SIGNATURE OF BORROWER DATE</p>

PART II --CERTIFICATION (To be completed by school of organization)

<p>I CERTIFY THAT THE INFORMATION STATED IN PART I ABOVE IS TRUE AND CORRECT; THE PERSON NAMED ABOVE IS (WAS)</p> <p>___ A. Enrolled as at least a _____ half-time _____ full-time student</p> <p>___ B. Enrolled as a full-time student pursuing advanced professional training in the specialty of _____</p> <p>___ C. In a uniformed service</p> <p>___ D. In Peace Corps Volunteer Service</p>		
SIGNATURE (REGISTRAR, COMMANDING OFFICER, PEACE CORPS)		DATE
NAME OF INSTITUTION OR ORGANIZATION	TELEPHONE	OFFICIAL SEAL OR STAMP (if none, see instructions on back)
ADDRESS (CITY, STATE, AND ZIP CODE)		

PART III -- EMORY UNIVERSITY USE ONLY

FORM PROCESSED BY:	DEFER CODE	MONTH/YEAR	NO. MO	PAST DUE Principal	Interest	Late	Total
DATE							

PART IV -- LENDING INSTITUTION ACTION

SIGNATURE OF APPROVING OFFICIAL	TITLE	DATE

Nursing Student Loan Program Deferment of Repayment

You are eligible for deferment of repayment under the conditions listed below. During periods of deferment, principal is not due and interest does not accrue. It is your responsibility to submit forms on time; failure to do so will result in continued billings. Forms must be filed on an annual basis. If you have loans from more than one lending institution, you must submit separate forms for each school.

A. Enrolled as at least a half-time student in an accredited school of nursing, in a course of study in a collegiate nursing school leading to a baccalaureate or graduate degree in nursing.*

*Loans awarded previous to 11/4/88, at least half-time status must begin within nine months of departure from lending institution.

B. Enrolled as a full time student in a course leading to an advanced degree in nursing or otherwise pursuing advanced professional training which will advance your knowledge of and strengthen your skills in the provision of nursing services.

1. The training must be of at least one academic year.

2. If you possess a degree and are pursuing an advanced degree, please refer to the table below to determine the eligibility of your enrollment. These from/to situations are deferrable:

From	To
Diploma	Baccalaureate
Associate	Baccalaureate
Baccalaureate	Baccalaureate
Baccalaureate	Graduate
Graduate	Graduate

In addition, certificate and specialty programs are eligible. (Ex: Certificate in Nurse Practice, Clinical Specialty Program, Certificate in Nurse Practitioner Training.)

C. A member of a uniformed service*

D. A volunteer in the Peace Corps Service*

*There is a **combined** three year maximum for service in a uniformed service and the Peace Corps.

Summary of Benefits

	Through 06/30/69	7/1/69- 9/28/79	9/29/79- 8/12/81	8/13/81- 9/30/85	10/1/85 11/3/88	On and After 11/4/88
Grace Period	12 mo.	9 mo.	9 mo.	9 mo.	9 mo.	9 mo.
Student Deferment	Unlimited	Unlimited	5 year maximum with advanced professional training	5 year maximum with advanced professional training	5 year maximum with advanced professional training	10 year maximum with advanced professional training
Advanced Professional Training	Unlimited	Unlimited	5 year maximum with student deferment	5 year maximum with student deferment	5 year maximum with student deferment	10 year maximum with student deferment
Military/Uniformed Service	3 year maximum	3 year maximum	3 year maximum	3 year maximum	3 year maximum	3 year maximum
Peace Corps	3 year maximum	3 year maximum	3 year maximum	3 year maximum	3 year maximum	3 year maximum
Forbearance	Unlimited (request special form)	Unlimited (request special form)	Unlimited (request special form)	Unlimited (request special form)	Unlimited (request special form)	Unlimited (request special form)

INSTRUCTIONS:

1. Complete Part I. (Forms will be returned if any information is missing.)
2. Sign and date the form.
3. Have forms certified in Part II. (If an official seal or stamp is not available, verification of your status on official letterhead stationery must accompany forms.)

Return forms to:

Emory University
Office of the Bursar
Student Financial Services
101 Boisfeuillet Jones Center
Atlanta, GA 30322-1630
Telephone Number: 404-727-6095