

Request for Deferment/Cancellation of
 NDSL and/or Federal Perkins Loans
See Detailed Instructions for questions on filling out this form.

Auburn University, Student Loan Dept.
 Student Financial Services
203 Mary Martin Hall
 Auburn University, AL 36849-5154
 Phone (334)844-3764 Fax (334) 844-6083

PART I - TO BE COMPLETED BY THE BORROWER (Please Print Legibly)

Name:		Social Security Number:		
New <input checked="" type="checkbox"/> Address		City:	State:	Zip Code:
E-Mail Address(Home):		E-Mail Address (Work):		
Home Phone:	Work phone:	Cell Phone:		

SECTION A - DEFERMENT: I AM REQUESTING DEFERMENT BEGINNING _____(DATE)
 BECAUSE I AM/WAS: ESTIMATED COMPLETION DATE IS _____
 at least a half-time student full-time in a Graduate Fellowship Program enrolled in a Rehabilitation Training Program
 serving an internship or residency (for loans disbursed prior to 7/1/93 and on or after 10/1/80) Type: _____
 serving in a dentistry internship
 Military Service (for loans disbursed prior to 7/1/93 and for loans signed on or after 7/1/03 for service on or after 7/1/06)
 Peace Corps, Americorp*VISTA or volunteer service comparable to Americorp*VISTA (I am/was receiving a stipend)

SECTION B - CANCELLATION - Partial cancellation is a two part process. At the beginning of the service, we need certification that you are planning to do this service. Payments are deferred during this time period. At the end of the time period, we need certification that you did, in fact, complete the previous year of service. It is at that time that the partial cancellation is processed for the appropriate year of service.

1. I AM REQUESTING CANCELLATION FOR THE PREVIOUS YEAR OF SERVICE _____ THROUGH _____ (if the year of service has already passed - i.e. 08/05-08/06) AND/OR I AM REQUESTING CANCELLATION FOR THE UPCOMING YEAR OF SERVICE _____ THROUGH _____ (i.e. 08/06-08/07).

(REMEMBER, PARTIAL CANCELLATION CANNOT BE PROCESSED UNTIL THE YEAR OF SERVICE IS COMPLETE. THEREFORE, IF YOU HAVE ALREADY COMPLETED THE YEAR OF SERVICE AND ARE STILL DOING THE SAME SERVICE THE UPCOMING YEAR, YOU NEED TO FILL OUT BOTH YEARS. IF YOU HAVE ALREADY COMPLETED THE PREVIOUS YEAR, AND ARE NO LONGER DOING THE SERVICE, YOU STILL NEED TO REQUEST PARTIAL CANCELLATION FOR THE PREVIOUS YEAR. IF THIS IS YOUR FIRST YEAR OF SERVICE, FILL OUT THE DATES FOR THE UPCOMING YEAR OF SERVICE.)

2. PLEASE CHECK BELOW WHICH CANCELLATION OPTION YOU ARE REQUESTING.

(Please attach a copy of license, certification, and/or registration if applicable to your job)

Teacher - Full-time (Check all that apply)
 Elementary School Secondary School Head Start (Annual Salary \$ _____)
 Low Income School Low Income School Funded by Bureau of Indian Affairs Handicapped Children
 Special Education Shortage Area ___ Math ___ Science ___ Foreign Language ___ Bilingual Teacher
 ___ Other: (Type) _____

School District _____ School Name: _____ Grade: _____ Age Group: _____

Nurse (Please provide a copy of nursing license)
 Med Tech - Position: _____ (Please provide a copy of med tech license)
 Law Enforcement/Corrections Officer - Position: _____
 Employer: _____
 Family Service Agency (ONLY with high risk children from low income communities)
 Early Intervention (For ages 0 - 2 years only) Peace Corps/Americorp*VISTA
 Military Combat for at least one year in an area of hostility/imminent danger

SECTION C - BORROWER'S SIGNATURE

THIS FORM IS INVALID WITHOUT: BORROWER'S SIGNATURE, SOCIAL SECURITY NUMBER, START AND END DATES, AND COMPLETE CERTIFICATION. I hereby claim that the above information is true. I agree to notify Auburn University immediately upon termination of my claimed status. I also elect to waive my original nine month grace period in order to take advantage of any cancellation benefit (If applicable).

 BORROWER'S SIGNATURE

 DATE

PART II ON BACK PAGE MUST BE COMPLETED BY CERTIFYING OFFICIAL OR PAPERWORK IS NOT COMPLETE.

(Over)

PART II - TO BE COMPLETED BY CERTIFYING OFFICIAL (SCHOOL OFFICIAL, EMPLOYER, ETC)

I certify that the information stated on the front page is correct.

Signature _____		Title _____		Date _____	
NAME OF AUTHORIZING ORGANIZATION:		ADDRESS:			
TELEPHONE NUMBER		CITY: _____		STATE: _____ ZIP _____	
FAX NUMBER:		E-MAIL CONTACT:			
BORROWER'S INITIAL HIRE DATE OF EMPLOYMENT:	BORROWER'S END DATE OF EMPLOYMENT:	FULL TIME 9	PART TIME 9	SCHOOL DISTRICT AND COUNTY (For Teachers Only)	
(For Student Deferments Only) SCHOOL CODE: _____					
ENROLLED FROM _____ ENROLLED TO: _____					
ENROLLMENT STATUS (Please check): ANTICIPATED COMPLETION DATE: _____					
<input type="checkbox"/> Full Time <input type="checkbox"/> 3/4 Time <input type="checkbox"/> Half Time <input type="checkbox"/> Less than Half Time					
OFFICIAL SEAL OR STAMP: (IF NO STAMP OR SEAL IS AVAILABLE, PLEASE PROVIDE LETTERHEAD CERTIFICATION)					

PART III : APPROVAL
(FOR AUBURN UNIVERSITY STUDENT LOAN DEPARTMENT USE ONLY)

STUDENT ID NO. _____ - _____ - _____

FUND LOAN NO.	CANCELLATION START DATE	CANCELLATION END DATE	CANC. TYPE	PRINCIPAL CANCELED	PRINCIPAL BALANCE	DEFERMENT START DATE	DEFERMENT END DATE	DEFER TYPE	PROCESS. BY - DATE
UNIVERSITY OFFICIAL APPROVAL			REQUEST NOT APPROVED: (REASON)						

Please return form(s) to: Auburn University, Student Loan Department, Student Financial Services, 203 Mary Martin Hall, Auburn University, AL 36849-5154. Phone (334)844-3764 Fax (334) 844-6083