

**REQUEST FOR DEFERMENT OF REPAYMENT BECAUSE OF STUDENT STATUS**  
(University Long-term Loan Programs)

<p align="center"><u>INSTRUCTIONS</u></p> <p><b>PART I -</b> To be completed by borrower only.</p> <p><b>PART II -</b> To be completed and returned by the Registrar of the institution of higher education where you are currently enrolled.</p>	<p align="center"><u>NAME &amp; ADDRESS OF LENDING INSTITUTION</u></p> <p align="center">University of Missouri Student Loan Repayment Center 14 Jesse Hall Columbia, MO 65211-1020 573-882-6654  web: muloans.missouri.edu email: muloans@missouri.edu</p>
<p><b>NOTE: NO DEFERMENT WILL BE PROCESSED UNTIL THIS COMPLETED FORM REACHES THE LENDING INSTITUTION</b></p>	

**PART I: TO BE COMPLETED BY BORROWER** (please print or type)

NAME OF BORROWER:	CURRENT MAILING ADDRESS: (Street, City, State & Zip Code)
LAST 4 DIGITS OF SOCIAL SECURITY #:	
PHONE #: (include Area Code)	
CELL PHONE #: (include Area Code):	EMAIL ADDRESS:**

**BORROWER'S DECLARATION**

I declare that the information above is true and correct. I was enrolled at least half time at an eligible institution of higher education for the time period of \_\_\_\_\_ to \_\_\_\_\_ pursuing a degree or certificate. I plan to continue at least half-time enrollment pursuing a degree or certificate until: \_\_\_\_\_ (anticipated graduation date).  
(mo/dy/yr)

I will notify the University of Missouri-Columbia, Student Loan Repayment Center when my enrollment status changes.

I claim exemption from payment of the principal and accrual of interest on my University Long-term Loan(s) during the period indicated above.

**\*\* I UNDERSTAND THAT BY PROVIDING MY EMAIL ADDRESS I AM GIVING THE UNIVERSITY PERMISSION TO DISCUSS MY LOAN ACCOUNT VIA MY EMAIL ADDRESS.\*\***

SIGNATURE OF BORROWER:	DATE:
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**PART II: TO BE COMPLETED BY YOUR CURRENT SCHOOL'S REGISTRARS' OFFICE**

Please Provide All Dates of Enrollment (at least half-time and degree seeking)

Beginning: (mo/dy/yr) _____ / _____ / _____	Ending: (mo/dy/yr) _____ / _____ / _____
Beginning: (mo/dy/yr) _____ / _____ / _____	Ending: (mo/dy/yr) _____ / _____ / _____
Beginning: (mo/dy/yr) _____ / _____ / _____	Ending: (mo/dy/yr) _____ / _____ / _____

I certify that the information and dates stated above are true and correct. The person named above was enrolled at least half-time at an eligible institution of higher education seeking a degree or certificate for the dates given above:

NAME of Institution of Higher Education:	SIGNATURE of Registrars' Authorizing Official:	<b>OFFICIAL STAMP OR SEAL</b>
ADDRESS: (Street, City, State & Zip Code)	TITLE of Registrars' Authorizing Official:	
	DATE:	
U.S. DEPT. OF EDUC. SCHOOL CODE:	PHONE #: (include Area Code)	

<b>FOR OFFICE USE ONLY</b>		
Date:	Predeferment Period Processed:	Deferment Finalized for Period: