

**REQUEST FOR DEFERMENT OF REPAYMENT BECAUSE OF STUDENT STATUS
FOR THE
FEDERAL PERKINS/NATIONAL DIRECT STUDENT AND UNIVERSITY LONG-TERM LOAN PROGRAMS**

<p align="center"><u>INSTRUCTIONS</u></p> <p>PART I - To be completed by borrower only.</p> <p>PART II - To be completed and returned by the Registrar of the institution of higher education.</p>	<p align="center"><u>NAME & ADDRESS OF LENDING INSTITUTION</u></p> <p align="center">University of Missouri-Columbia Student Loan Collections 15 Jesse Hall Columbia, MO 65211-1020 573-882-6654 web address: muloans.missouri.edu e-mail: muloans@missouri.edu</p>
<p>NOTE: NO DEFERMENT WILL BE PROCESSED UNTIL THIS COMPLETED FORM REACHES THE LENDING INSTITUTION</p>	

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

NAME OF BORROWER:	PHONE #: (include Area Code)
CURRENT MAILING ADDRESS: (Street, City, State & Zip Code)	SOCIAL SECURITY #:
	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 Collections Office when my enrollment status changes.

I claim exemption from payment of the principal and accrual of interest on my Federal Perkins/National Direct Student Loan and/or University Long-term Loan(s) during the period indicated above.

SIGNATURE OF BORROWER:	DATE:
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PART II: TO BE COMPLETED BY APPROPRIATE AUTHORIZING OFFICIAL

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:	OFFICIAL STAMP OR SEAL
ADDRESS: (Street, City, State & Zip Code)	TITLE of Registrars' Authorizing Official:	
	DATE:	
U.S. DEPT. OF EDUC. SCHOOL CODE:	PHONE #: (include Area Code)	