



REQUEST FOR STUDENT DEFERMENT OF VANDERBILT STUDENT LOANS

PART I: To Be Completed By Borrower

Name of borrower: _____

Account Number: _____ Signature: _____

Mailing address: _____
(Street) (City) (State) (Zip)

Residence address: _____
(Street) (City) (State) (Zip)

Phone number: (____) _____ Email address: _____

This is to certify that I am enrolled as a student at an institution of higher learning.

From (Mo/Day/Yr): _____ To (Mo/Day/Yr): _____

Deferments can be granted for one semester/quarter at a time. To receive a deferment, you must submit at the beginning of each term a form certified by the registrar of the university you are attending.

PART II : To Be Completed By College or University

I certify that the information stated in Part I is true and correct. The person named is or was:

enrolled as a student ____ full-time. ____ half-time. ____ less than half-time.

Course of study (required for Federal Nursing Loans only): _____

Signature of authorized official: _____

Title: _____ Date: _____

College or university: _____ OPEID #: _____

Address: _____

Phone number: (____) _____ Date: _____

**Please return to:
Vanderbilt University
Office of Student Loans
VU Station B #356217
Nashville, TN 37235
Phone: (615) 343-7011
Phone: (888) 385-4550
Fax: (615) 343-1814**

(OFFICIAL SEAL OR STAMP)