



**REQUEST FOR DEFERMENT OF VANDERBILT UNIVERSITY
MEDICAL SCHOOL 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: _____

I request deferment for the following period:

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

The deferment period will not extend beyond one year. Certification must be renewed annually.

I am:

- a member (active duty) of the Armed Forces or NOAA Corps.
- serving as a volunteer in the Peace Corps.
- serving in the U. S. Public Health Service.
- in a residency program.
- in an fellowship program.

PART II: To Be Completed By Agency, Organization or Employer

I certify that the information stated in Part I is true and correct.

Signature of authorized official: _____

Title: _____ Date: _____

Name of Agency, Organization or Employer: _____

Address: _____

Phone number: (____) _____ Email address: _____

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

(OFFICIAL SEAL OR STAMP)