



**REQUEST FOR DEFERMENT OF FEDERAL NURSING 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 in the U. S. Public Health Service.
- serving as a volunteer in the Peace Corps.
- in an advanced professional nursing training program (including nurse anesthetist).

**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: \_\_\_\_\_

Name of Agency, Organization or Employer: \_\_\_\_\_

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)**