



**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 (not to exceed 12 months):

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. (up to three years)
- ___ serving as a volunteer in the Peace Corps. (up to three years)
- ___ serving in the U.S. Public Health Service. (up to three years)
- ___ in a residency program. (up to three years for 7% loans)
- ___ in an fellowship program. (up to three years; deferment not applicable for 7% loans)

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: _____

(OFFICIAL SEAL OR STAMP)

**Please return to:
Vanderbilt University
Office of Student Loans
PMB 406217
Nashville, TN 37240
Phone: (615) 322-6693
(800) 288-1144
Fax: (615) 343-8511**