

REQUEST FOR DEFERMENT OF REPAYMENT

NURSING STUDENT LOAN (NSL)/HEALTH PROFESSIONS/ PRIMARY CARE LOAN (HPSL/PCL)

PART I - GENERAL INFORMATION TO BE COMPLETED BY BORROWER

Name

Account Number(s)

Address:

Email address

City:

Social Security Number (optional):

State:

Zip Code

Home Telephone: ()

Check if this is a New Address

Employment Telephone: ()

Name of Lending Institution:

Cell Telephone: ()

I authorize UAS to contact me regarding my loan(s) at the number provided, including via the use of automated telephone dialing equipment or artificial or pre-recorded voice or text messages

You MAY NOT have form certified before status

Member of the Peace Corps

Check the box for the type of deferment requested. Mark only ONE box for each loan type

OPE Code

nursing

MOS/CODE

Enrolled as a full-time student in a course of study leading to an advanced degree in nursing, or otherwise pursuing advanced professional training. (From degree)

Member of a uniformed service (including NOAAC and Public Health Service)

LETTER

DATE

Pursuing a full time course of study at a school of medicine,

Interrupting my studies to pursue a directly related health profession 9/14

DEFERMENT OF REPAYMENT

You may be eligible for deferment of repayment under the conditions listed. During periods of deferment, principal is not due and interest does not

www.unsecho.com

Nursing Student Loans

school, you must submit an original form for each school. All forms must be submitted at least annually; student deferment requests should be filed

SEND FORMS TO:

Marquette University
Student Loan Accounts & Collections
PO Box 1881
Milwaukee WI 53201-1881