

WASHINGTON STATE UNIVERSITY
 University Receivables Student Loans
 PO Box 641039 (OPE#003800)
 Pullman Wa 99164-1039 (509)335-9651

REQUEST FOR DEFERMENT OF REPAYMENT

PART I—TO BE COMPLETED BY BORROWER

WSUID# _____ Home Phone _____
 Borrower Name _____ Business Phone _____
 Address _____
 E-Mail _____

This is to certify that I have been (check appropriate item. Refer to promissory note)

- | | |
|---|---|
| <input type="checkbox"/> Student at Washington State University | <input type="checkbox"/> Disabled Dependent |
| <input type="checkbox"/> Full Time Student | <input type="checkbox"/> Economic Hardship |
| <input type="checkbox"/> At Least a Half Time Student | <input type="checkbox"/> Fellowship |
| <input type="checkbox"/> Hardship | <input type="checkbox"/> Internship/Residency |
| <input type="checkbox"/> Disabled with Grad Fellowship | <input type="checkbox"/> Parental Leave |
| <input type="checkbox"/> Temporarily Totally Disabled | <input type="checkbox"/> Military Service |
| <input type="checkbox"/> U.S. Public Health Service Corps | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Peace Corps | <input type="checkbox"/> Volunteer Service (Non-Profit Org) |
| <input type="checkbox"/> Mother With Preschool Age Children | <input type="checkbox"/> National Oceanic & Atmospheric Corp. |

During the deferment period, scheduled payment of principal and accrual of interest will be deferred. I agree to notify Washington State University immediately upon termination of my claimed status. Deferments are not given beyond the date of certification.

Dates of Service (**From**) _____ (**To**) _____
 Check here if you expect to be eligible for deferment again next year
 (**From Month**) _____ (**To**) _____

Borrower Signature: _____ Date: _____

PART II—TO BE COMPLETED BY CERTIFYING AUTHORITY OPE CODE# _____

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

- | | | |
|---|---------------------------------------|----------------------|
| <input type="checkbox"/> Full Time Student | <input type="checkbox"/> Internship | Official Seal |
| <input type="checkbox"/> Enrolled as at Least Half-Time Student | <input type="checkbox"/> Armed Forces | |
| <input type="checkbox"/> Volunteer in Tax-Exempt Organization | <input type="checkbox"/> Vista/Peace | |
| <input type="checkbox"/> An Officer in Public Health Organization | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Temporarily Totally Disabled | | |

Signature of Certifying Official: _____

Name of Organization: _____ Phone: _____

Address : _____ Date: _____

PART III—COMPLETED BY WASHINGTON STATE UNIVERSITY (OPE# 003800)

Approved Date _____ Deferment Dates: _____

Denied Official Signature _____