

The University of Michigan - Student Loan Collections

3003 S. State St. 6000 Wolverine Tower

Ann Arbor, MI 48109-1287

Phone (800) 456-0706 Fax (734) 647-3804

**Nursing Faculty Loan Program DEFERMENT REQUEST**

**INSTRUCTIONS:** To request deferment of repayment on your Nurse Faculty Loan, file this form with the University of Michigan at each of the following times: (1) when your first repayment installment is due, (2) annually thereafter as long as you are eligible for such deferment. A copy of the form should be retained for your own records.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

UMID# or Last 4 Digits of SSN: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**PART I - REQUEST FOR DEFERMENT OF REPAYMENT - To be completed by borrower:**

**Check one of the eligible deferment options below:**

\_\_\_\_\_ NFLP BORROWER GRADUATED AND IS EMPLOYED AS NURSE FACULTY, DECIDED TO RETURN TO A GRADUATE NURSING EDUCATION PROGRAM TO FURTHER THEIR PREPARATION AS NURSE FACULTY.

\_\_\_\_\_ NFLP BORROWER GRADUATED AND PARTICIPATES IN POST-DOCTORAL PROGRAM.

I further agree to notify the school from which I receive assistance immediately upon termination of my status as indicated above.

SIGNATURE OF BORROWER

DATE

**PART II - CERTIFICATION OF DEFERMENT - To be completed by appropriate official and mailed to school from which the loan was made.**

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

The borrower was engaged in the activity during the following dates: From \_\_\_\_\_ To \_\_\_\_\_.

NAME OF EMPLOYER

SIGNATURE OF APPROPRIATE OFFICIAL

DATE

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

OFFICIAL SEAL OR STAMP OF ORGANIZATION -  
IF NONE IS AVAILABLE, A LETTER OF CERTIFICATION ON EMPLOYER  
LETTERHEAD IS REQUIRED.

**PART III LENDING INSTITUTION ACTION**

Processed by \_\_\_\_\_ Date \_\_\_\_\_

Signature of U/M Official

Date