

**Willamette University**  
**Request for Student Deferment**  
**NDSL/Perkins Student Loan Program**

**Instructions:**

1. Complete Part 1; sign and date (please print clearly).
2. Request Registrar's Office at the school you are attending to certify Part 2.
3. Return certified Request for Student Deferment to: Willamette University  
Student Loan Office  
900 State Street  
Salem, OR 97301
4. For questions, call (800) 338-9316 or (503) 375-5455; e-mail: bloos@willamette.edu.

You are eligible for deferment of repayment while you are enrolled at least half-time at an accredited school in an accredited program. During periods of deferment, as well as during the post-deferment grace period, principal is not due and interest does not accrue. It is your responsibility to submit forms on time each term or semester; failure to do so may result in your loan returning to repayment status, and possibly becoming past due. If you have loans from more than one lending institution, you must apply for deferment through each lender. Student Deferment Applications should be submitted to current school after your first day of class.

**Part 1:**

Name of Borrower: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number (home): ( \_\_\_\_\_ ) \_\_\_\_\_  
" " (work): ( \_\_\_\_\_ ) \_\_\_\_\_  
" " (cell): ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Date Last Attended Willamette University: \_\_\_\_/\_\_\_\_/\_\_\_\_

I am a \_\_\_\_ **full-time**/\_\_\_\_ **at least half-time** (*check one*) student at \_\_\_\_\_  
(*school/university*). Student Deferment is requested for the \_\_\_\_\_ **term/semester** that extends  
from \_\_\_\_/\_\_\_\_/\_\_\_\_ **through** \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Borrower's Signature Date  
\* \* \*

**Part 2:**

*Certification to be completed by Registrar's Office at school/university.*

Enrollment is verified for above borrower for the \_\_\_\_\_ **term/semester**  
from \_\_\_\_/\_\_\_\_/\_\_\_\_ **through** \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Borrower is attending \_\_\_\_ **at least half-time**; \_\_\_\_ **full-time** (*check one*).

Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
OPEID (Title IV Six Digit Code #) **REQUIRED**: \_\_\_\_\_  
Signature of Registrar: \_\_\_\_\_  
Date: \_\_\_\_\_

**Official School Seal  
or Stamp  
(required)**