

REQUEST FOR EXTENSION OF SCHOOL DEFERMENT: PLUS LOANS

I certify that the student (name) _____

for whom I have a Federal PLUS loan, will be returning to classes for the fall term as follows:

School _____

Enrollment Status (check one) **FULL TIME** **HALF TIME**

If the student is enrolled at least half-time, I certify that my first loan was made on or after July 1, 1987. I understand that both the student and I must meet these requirements to be eligible for a deferment for half-time study.

First day of classes for the fall term (mm/dd/yy) ____/____/____

This date is rarely any earlier than in August. Do not provide the begin date for a summer session, even if the student is enrolled for the summer term.

I understand that the servicer must receive certified enrollment information provided by the school or guarantor, or a completed deferment form certified by the student's school within 30 days from the first day of classes. Otherwise, I will be required to begin repaying my loan balance in accordance with a payment schedule the servicer will send me.

I understand that if I sign this Statement, all outstanding interest will be added to my loan principal when I begin or resume repayment.

Borrower Signature

Date

Borrower Name

Account Number