

This space for servicer's use only

SECTIONS A-D MUST BE COMPLETED FULLY
BORROWER MUST COMPLETE ALL AREAS OUTLINED IN RED AND/OR IN DASHES
Federal Perkins (NDSL) Student Loan - Request for Deferment

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Please print. This section must be filled out completely.

Name, Social Security No., Program and Loan Nos. on billing statement, Address, Check if new address, City, State, Zip, Home Phone, Work Phone, Institution that granted this loan(s), Call Phone, Please return to Gonzaga University PO Box 3462 Spokane, WA 99220

Table with columns: DEFERMENT CONDITION, All loans disbursed on or after 7/1/93, Federal Perkins disbursed on or after 7/1/87 but before 7/1/93, National Direct disbursed on or after 10/1/80 but before 6/30/87, National Direct disbursed before 10/1/80, NOTES. Rows include: At least Half-time student, Rehabilitation Training, Graduate Fellowship, Internship/residency, Dental residency, Inability to secure full-time job, Economic Hardship, Full-time volunteer, for tax-exempt org., Peace Corps/Action, U.S. Armed Services, Service Eligible for Cancellation, Officer in PHS, NOAAC, Temporary total disability borrower/spouse, Care of totally disabled dependent, Mother returning to work, Parental leave.

B. Dates deferment requested (Beginning and Ending Mo. Day Yr.), Check if you intend to enroll next semester/quarter, C. Borrower signature (I declare that the information above is true and accurate...), Signature of borrower (required), Date, E-mail Address

Internal Use Only: Date processed, Analyst's Initials, Comment, Last 3 digits Program No., SEQ No., Type, Begin Mo. Year, End Mo. Year

Last 3 digits Program No., SEQ No., Type, Begin Mo. Year, End Mo. Year

For Lending Institution use only: Request disapproved, Deferment approved, Student status, Peace Corps, Internship/Residency, Volunteer service, NOAAC, Graduate fellowship/rehabilitation training, Working mother, Temporary total disability: spouse, dependent, borrower, Military service, VISTA, Dental residency, U.S. Public Health Service, Parental Leave

*Additional documentation required. Please contact servicer or see Deferment Information on our web site at www.campuspartners.com. + In anticipation of cancellation # For periods beginning 10/07/98 or after

D. Certification of Deferment Period and Status (School, service unit or employer only) OPE Code, Note: We cannot accept a form certified more than 30 days prior to the beginning of your enrollment period. Name of school/service unit/employer, Phone No., Address, PO Box, Street, City, State, Zip. I certify that this student is/was enrolled as at least a half-time or a full-time regular degree-seeking student... Our institution is on the Semester, Quarter, Trimester, Clock Hour system. I certify that this borrower is/was serving in an internship/residency program... I certify that this borrower is/was in an approved graduate fellowship program. An approved rehabilitation training program for disabled individuals. SEAL. Signature of Certifying Official, Date, Title of Certifying Official

Date of status: Beginning, Ending, Signature, Date