



THE UNIVERSITY
of **NORTH CAROLINA**
at **CHAPEL HILL**

Office of Student Accounts
Loan Repayment Services
2215 SASB North, CB#2205
450 Ridge Road
Chapel Hill, NC 27599-2205

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US DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH PROFESSIONS
5600 FISHERS LANE, PARKLAWN BUILDING
ROCKVILLE, MARYLAND 20857

NFLP CERTIFICATION OF DEFERMENT STATUS

INSTRUCTIONS: To request deferment of repayment on your Nurse Faculty Loan, two (2) copies of a Certification of Deferment Status form must be filed with the lending school 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, and (3) when you cease to be in eligible deferment status. A copy of the form, properly executed, as submitted to the school, should be retained for your own records.

NOTE: Provisions governing deferment of Nurse Faculty Loan vary according to the date such loans were made; therefore, you should read the *Guide for repayment, deferment, and cancellation of Health Professions or Nursing Loans* for the specific provisions applicable to your loans before completing this form. The Guides are available from the school from which the loan was made.

NAME AND ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE

The University of North Carolina at Chapel Hill
Office of Student Accounts & University Receivables
2215 SASB North; CB# 2205
Chapel Hill, NC 27599-2205

NAME OF BORROWER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

STUDENT ID/PID: _____

PART I : REQUEST FOR DEFERMENT OF REPAYMENT -To be completed by borrower if he/she:

Check one of the eligible deferment options below:

NFLP borrower performs active duty as a member of the uniformed service*. This is to certify that I was in the _____ (Name of Service), from _____ to _____.

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 Commanding Officer and mailed to school from which the loan was made.

NAME AND ADDRESS OF UNIFORMED SERVICE HEADQUARTERS

SIGNATURE OF COMMANDING OFFICER

DATE

INSTITUTIONAL ACTION (School from which the loan was made)

Approved Disapproved

Reason for disapproval _____

SIGNATURE

DATE

* The uniformed services of the United States are the Army, Navy, Marine Corps, Air Force, Coast Guard, the National Oceanic and Atmospheric Administration Corps, and the U.S. Public Health Service Commissioned Corps.