MARSHALL UNIVERSITY

OFFICE OF THE BURSAR
ONE JOHN MARSHALL DRIVE
HUNTINGTON, WV 25755
(304)696-2234 (800) 438-5389.

REQUEST FOR DEFERMENT OF REPAYMENT
(CHARLIE LEWIS LOAN)

PART I -- TO BE COMPLETED BY BORROWER

ACCOUNT NUMBER	NAME AND ADDRESS OF LENDING INSTITUTION (INCLUDE ZIP CODE)
__ __ __ __ __	
NAME (LAST, FIRST, INITIAL)	

ADDRESS (STREET, CITY, STATE & ZIP CODE)

THIS IS TO CERTIFY THAT I HAVE BEEN: (CHECK APPROPRIATE ITEM)

☐ AT LEAST A HALF-TIME STUDENT   ☐ OFFICER IN PUBLIC HEALTH SERVICE
☐ ACTIVE DUTY IN ARMED FORCES   ☐ VOLUNTEER IN TAX•EXEMP'T ORGANIZATION
☐ PEACE CORPS   ☐ TEMPORARILY DISABLED
☐ VISTA   ☐ INTERNSHIP

FROM (MONTH & YEAR)	TO (MONTH & YEAR)

I claim exemption from payment of principal, and accrual of Interest on my loan during the period Indicated above. I agree to notify the lending Institution immediately upon termination of my claimed status. Deferments are not given beyond the date of certification. Therefore:

☐ CHECK HERE IF YOU EXPECT TO BE ELIGIBLE FOR DEFERMENT AGAIN NEXT YEAR.

IF SO, THROUGH WHAT DATE _____
MONTH   YEAR

SIGNATURE OF BORROWER	DATE

PART II - TO BE COMPLETED BY CERTIFYING AUTHORITY

I CERTIFY THAT THE INFORMATION STATED IN PART I ABOVE IS TRUE AND CORRECT, PERSON NAMED ABOVE WAS.

☐ ENROLLED AS AT LEAST A HALF-TIME STUDENT   ☐ IN ARMED FORCES
☐ VOLVNTEER IN TAX-EXEMPT ORGANIZATION   ☐ TEMPORARILY DISABLED
☐ IN PEACE CORPS VOLUNTEER SERVICE   ☐ IN VOLUNTEERS IN SERVICE TO AMERICA(VISTA)
☐ AN OFFICER IN PUBLIC HEALTH SERVICE   ☐ IN AN INTERNSHIP

SIGNATURE OF CERTIFYING OFFICIAL	DATE
NAME OF ORGANIZATION	OFFICIAL SEAL OR STAMP (if none, include signed letter of Certification)
ADDRESS (CITY, STATE, & ZIP CODE)	

PART III - TO BE COMPLETED BY LENDING INSTITUTION

LENDING INSTITUTION ACTION

☐ APPROVED	DATE	POSTPONEMENT ENDING
☐ DISAPPROVED	NAME OF OFFICIAL	NEXT PAYMENT DUE

RETURN TO:

1. Complete and submit in two copies.