

**NFLP CERTIFICATION OF DEFERMENT STATUS**

**DIRECTIONS**—To request deferment or repayment on your Nurse Faculty Loan (NFLP), two copies of a NFLP Certification of Deferment Status form must be filed with the University of Minnesota at the following times:

1. When your first repayment installment is due
2. Annually thereafter as long as you are eligible for such deferment
3. When you cease to be in eligible deferment status

**Section 3 must be completed by your employer.** Retain a copy of this form for your records.

**RETURN FORM:**

**In person on campus:**  
Student Account Assistance  
211 Robert H. Bruininks Hall

**By mail to:**  
Student Account Assistance  
211 Robert H. Bruininks Hall  
222 Pleasant St. SE  
Minneapolis, MN 55455

**By fax to:**  
612-624-2873

**Questions?**  
Phone: 612-625-8007  
Email: stdtloan@umn.edu

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|
| <b>SECTION 1. Borrower information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                |
| Name (last, first, middle initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                                |
| University ID or last 4 digits of SSN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Home phone (include area code) | Cell phone (include area code) |
| Address (street, apartment or PO Box number, city, state, ZIP code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |                                |
| <p><b>I am requesting deferment because:</b></p> <p><input type="checkbox"/> I will be continuing in my current position as a nurse faculty for another year.<br/>This is to certify that I will be employed from _____ to _____.<br/>(mm/dd/yyyy) (mm/dd/yyyy)</p> <p><input type="checkbox"/> I graduated and am employed as nurse faculty, but decided to return to a graduate nursing education program to further my preparation as nurse faculty.</p> <p><input type="checkbox"/> I graduated and am in a post-doctoral program.</p> |                                |                                |
| <b>SECTION 2. Borrower certification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                |
| <i>I further agree to notify the University of Minnesota immediately upon termination of my status as indicated above.</i>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                |
| Borrower signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                | Date                           |
| <b>SECTION 3. Employer certification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                |
| <b>This section must be completed by an authorized official from the borrower's place of employment.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                |
| Name of employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                |
| Address of employer (street, city, state, ZIP code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |                                |
| Signature of certifying official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | Date                           |

|                                                                                                                                               |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <p>office use only</p> <p><input type="checkbox"/> Approved    <input type="checkbox"/> Not approved</p> <p>Initials _____<br/>Date _____</p> | <p>Reason request was not approved</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|



To request copies of this form in an alternative format, please call a Disabilities Services liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.

