



NFLP Certification of Deferment

CHAMBERLAIN UNIVERSITY

PART I - REQUEST FOR DEFERMENT OF REPAYMENT

To be completed by borrower

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 Adtalem Global Education Inc. d/b/a Chamberlain University 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

Adtalem Global Education - Chamberlain University
500 West Monroe Street, Suite 13
Chicago, IL 60661

NAME AND ADDRESS OF BORROWER

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 _____, from _____ to _____.
- ☐ NFLP borrower serves as a volunteer under the Peace Corps Act, 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 SERVICE

I hereby certify that the above statements concerning service of the above-named borrower as full-time nurse faculty are true and correct.

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

NAME AND ADDRESS OF EXECUTIVE OFFICER

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.



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PART III – CERTIFICATION OF DEFERMENT

INSTITUTIONAL ACTION FROM LENDING SCHOOL

☐ Approved

☐ Disapproved

Reason for disapproval _____

SIGNATURE OF APPROVER _____ **DATE** _____