

REQUEST FOR DEFERMENT OF REPAYMENT

FEDERAL PERKINS (NDSL) STUDENT LOAN/ NURSING STUDENT LOAN (NSL)/HEALTH PROFESSIONS/ PRIMARY CARE LOAN (HPSL/PCL)

PART I –GENERAL INFORMATION TO BE COMPLETED BY BORROWER

Name:		Account Number(s) (14 digits):
Address:		
		Email address:
City:		Social Security Number (optional):
State:	Zip Code	Home Telephone: ()
<input type="checkbox"/> Check if this is a New Address		Employment Telephone: ()
Name of Lending Institution:		
Deferment is requested from _____ to _____. You MAY NOT have form certified before status begins. All forms must be completed at least annually. Student deferment may not be requested beyond the current school year.		
Check the box for the type of deferment requested. Mark only ONE box for each loan type		
<u>NDSL/Federal Perkins</u>		
<input type="checkbox"/> Enrolled as at least a half-time student in an institution of higher education	<input type="checkbox"/> Serving an eligible internship or residency	<input type="checkbox"/> Enrolled and in attendance as a regular student in a course of study that is part of a graduate fellowship program
<input type="checkbox"/> Pursuing a course of study in a rehabilitation program for disabled individuals	<input type="checkbox"/> Full time volunteer in a tax exempt organization	<input type="checkbox"/> Engaged in a graduate or postgraduate fellowship-supported study outside the United States, such as a Fulbright grant
<input type="checkbox"/> Member of U.S. Armed Forces on full time active duty	<input type="checkbox"/> Officer in Commissioned Corps of US Public Health Service	<input type="checkbox"/> Participating in a medical fellowship-training program. (See requirements on back of this form)
<input type="checkbox"/> Mother Returning to Workforce	<input type="checkbox"/> On active duty in National Oceanic and Atmospheric Administration Corps	
<u>Nursing Student Loans</u>		
<input type="checkbox"/> Enrolled as at least a half-time student in an accredited school of nursing	<input type="checkbox"/> Member of the Peace Corps.	
<input type="checkbox"/> Enrolled as a full-time student in a course of study leading to an advanced degree in nursing, or otherwise pursuing advanced professional training. (From degree _____ to degree _____)	<input type="checkbox"/> Member of a uniformed service (including NOAAC and Public Health Service)	
<u>Health Professions/Primary Care/Loans for Disadvantaged Students</u>		
<input type="checkbox"/> Pursuing a full time course of study at a school of medicine, osteopathy, dentistry, pharmacy, podiatry, optometry, or veterinary medicine leading to a diploma, baccalaureate degree or equivalent degree	<input type="checkbox"/> Interrupting my studies to pursue a directly related health profession educational activity	
<input type="checkbox"/> Pursuing advanced professional training including internships and residencies in the field of _____	<input type="checkbox"/> Participating in a fellowship training program or related educational activities	
	<input type="checkbox"/> Member of a uniformed service (including NOAAC and Public Health Service)	
(For Internship/Residency, certification is not required. Name & Address of Institution in Part II must be completed.)		

I claim exemption from payment of principal and accrual of interest on my student loan during the period indicated above. I agree to notify the lending institution immediately if my status changes during this period.

Signature of Borrower	Date
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PART II CERTIFICATION (To be completed by appropriate official)		
I certify that the information stated in Part I above is true and correct. The activity identified by the borrower satisfies the definition printed on the back of this form. The borrower was engaged in the activity during the following dates: from _____ to _____.		
Signature (Registrar, Commanding Officer, Program Official, etc.)	OPE Code (Office of Postsecondary Education)	Date
Name of Institution or Organization	Official Seal or Stamp of School or Organization <i>If none is available, please verify status on letterhead stationery.</i>	
Address (City, State and Zip Code)		

PART III UAS USE ONLY FORM PROCESSED BY:	MONTH/YEAR	# MOS/CODE	PAST DUE AMOUNTS			
			PRINCIPAL	INTEREST	LATE	TOTAL
DEFER						
DEFER						
GE DATE						
DATE:	LETTER					

PART IV LENDING INSTITUTION ACTION

SIGNATURE OF APPROVING OFFICIAL _____ TITLE _____ DATE _____