

**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 Numbers (14 digits):
Address:		
		Email address:
City:		Social Security Number:
State:	Zip Code	Home Telephone: ( )
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**

**NDSL/Federal Perkins**

Enrolled as at least a half-time student in an institution of higher education	Member of U.S. Armed Forces on full time active duty	Full time volunteer in a tax exempt organization
Pursuing a course of study in a graduate fellowship training program (must be outside the U.S.)	Mother Returning to Workforce	Officer in Commissioned Corps of U.S. Public Health Service
Pursuing a course of study in a rehabilitation program for disabled individuals	Serving an eligible internship or residency	On active duty in National Oceanic and Atmospheric Administration Corps

**Nursing Student Loans**

Enrolled as at least a half-time student in an accredited school of nursing	Member of the Peace Corps.
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 _____)	Member of a uniformed service (including NOAAC and Public Health Service)

**Health Professions/Primary Care/Loans for Disadvantaged Students**

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.	Interrupting my studies to pursue a directly related health profession educational activity
Pursuing advanced professional training including internships and residencies in the field of _____	Member of a uniformed service (including NOAAC and Public Health Service)
Participating in a fellowship training program or related educational activities	Member of the Peace Corps

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 borrower was engaged in the activity during the following dates: from \_\_\_\_\_ to \_\_\_\_\_.

Signature (Registrar, Commanding Officer, Program Official, etc.)	OPE Code ( <i>Office of Postsecondary Education</i> )	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)	Telephone	

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

**PART IV LENDING INSTITUTION ACTION**

SIGNATURE OF APPROVING OFFICIAL \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

## DEFERMENT OF REPAYMENT

You are eligible for deferment of repayment under the conditions listed. During periods of deferment, principal is not due and interest does not accrue. It is your responsibility to submit forms on time; failure to do so will result in continued billings. If you have loans from more than one school, you must submit an original form for each school. All forms must be submitted at least annually. Student deferments should be filed each semester.

### NDSL/Perkins

1. Half-time enrollment. Form must be filed for each term.
2. Rehabilitation training. Submit proof of enrollment in rehabilitation program. For loans made before 7/1/93, eligibility for benefits begins on 10/1/98.
3. Graduate Fellowship Study. For loans made before 7/1/93, eligibility for benefits begins on 10/1/98.
4. Internship or residency program, if required to begin professional practice. 2-year maximum. Not available on loans made after 6/30/93.
5. Volunteer for tax exempt organization. 3-year maximum. Must be a full time volunteer. Available on loans made before 7/1/93 only.
6. U.S. Armed Services. 3-year maximum. For loans made on or after 7/1/93, deferment is for period in which you are engaged in service eligible for cancellation.
7. Officer in Public Health Service. 3-year maximum. Available on loans made 10/1/80 to 7/1/93 only.
8. NOAAC. 3-year maximum. Available on Perkins loans made between 7/1/87 and 7/1/93 only.
9. Mother returning to work. 1-year maximum. Available on Perkins loans made between 7/1/87 and 7/1/93 only.

### Nursing Student Loans

1. Enrolled as at least a half-time student in an accredited school of nursing in a course of study leading to a baccalaureate or graduate degree in nursing.
2. Enrolled as a full time student in a course of study leading to an advanced degree in nursing or otherwise pursuing advanced profession training that will advance your knowledge of and strengthen your skills in the provision of nursing services. In addition to advanced degree programs, certificate programs are also eligible.
3. Serving in a uniformed service including the National Oceanic & Atmospheric Corps and the Public Health Service. There is a limit of three years combined eligibility for uniformed service and Peace Corps deferment.
4. A volunteer in the Peace Corps. There is a limit of three years combined eligibility for uniformed service and Peace Corps deferment.

### Health Profession/Primary Care Loans/Loans to Disadvantaged Students

1. Full time enrollment in a course of study at a school of medicine, osteopathy, dentistry, pharmacy, podiatry, optometry, or veterinary medicine leading to a diploma, baccalaureate or equivalent degree. For LDS accounts, the school you are now attending must participate in the LDS program.
2. Full time pursuit of advanced professional training. The training must be within the discipline for which you received your HPSL/PCL loan. Your original grace period must expire before benefits can be granted. You may self-certify Section II on the front of this form. You must submit a form on an annual basis.
3. Participating in a Fellowship Training Program or other Related Education Activity. You may begin either activity prior to the completion of advanced professional training, but not later than 12 months after completion of the APT, internship, residency, or undergraduate work. Fellowship must be a full time activity in research, research training or health care policy. "Related Education Activities" must be part of a joint degree program or activity that is required for licensure, registration, or certification or a full time educational program in public health, health administration, or health care discipline. These activities must be related to the discipline for which you received your HPSL loan. Maximum benefit is 2 years.
4. Serving in a uniformed service including the National Oceanic & Atmospheric Corps and the Public Health Service. Your original grace period must expire before benefits can be granted. Maximum benefit is three years.
5. A volunteer in the Peace Corps. Your original grace period must expire before benefits can be granted. Maximum benefit is 3 years.
6. Interruption of Studies to pursue a directly related Health Profession education activity. The activity must be related to the discipline for which you received a HPSL loan. You must intend to return to the lending institution full time to complete your studies.

## INSTRUCTIONS

1. **PRINT IN INK OR TYPE.**
2. **Complete Part I.**
3. **Sign and date form.**
4. **Have form certified in Part ii. If an official seal or stamp is not available, the appropriate official must verify your status on letterhead stationery. Student deferment forms must be certified after classes begin.**

**YOUR FORM WILL BE RETURNED IF ANY INFORMATION IS MISSING.**

SEND FORMS TO:  
University Accounting Service, LLC.  
P.O. Box 932  
Brookfield, WI 53008-0932  
800-999-6227

