

# FEDERAL PERKINS, NDSL, NSL, HPSL, PCL & LDS Request for Deferment

## PART I - TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK)

Name:	Social Security #:	15 Digit Account Number(s):
Street Address:	Birthdate:	
City:	State:	Zip Code:
<b>PLEASE CHECK THIS BOX IF NEW ADDRESS</b>		
Home Phone #:	Work Phone #:	
Lending Institution:	Date Left Lending Institution:	

### DEFERMENT

BEGINNING(mm/dd/yy):	ENDING(mm/dd/yy):
----------------------	-------------------

This is to certify that I am or was (check one only):

Altered dates will not be accepted.

**(Please refer to your promissory note for specific eligibility requirements.)**

#### FEDERAL PERKINS, PERKINS OR NDSL

- at least a half-time student.
- in a Graduate Fellowship Study
- enrolled in a Rehabilitation Training Program
- pre-cancellation services. Type: \_\_\_\_\_
- a member of the US Armed Forces on active duty.

- serving an internship or residency.  
**Type of program:** \_\_\_\_\_
- a Peace Corps, VISTA or ACTION volunteer.
- a full time volunteer in a tax exempt organization.

- in the National Oceanic/Atmospheric Administration.
- a mother entering the workforce.
- an officer in the US Public Health Service
- unable to work or attend school due to parental leave.

**NOTE: IF YOU OR YOUR SPOUSE IS TEMPORARILY TOTALLY DISABLED, YOU ARE SUPPORTING A DISABLED DEPENDENT, OR YOU ARE IN NEED OF A DEFERMENT/FORBEARANCE FOR FINANCIAL OR UNEMPLOYMENT REASONS, PLEASE CONTACT US AT THE ADDRESS LISTED BELOW TO OBTAIN FURTHER INFORMATION.**

#### HEALTH PROFESSIONS STUDENT LOANS, PCL & LDS

- pursuing a full time course of study towards a degree in health professions at any school of medicine, osteopathy, dentistry, pharmacy, podiatry, optometry or veterinary medicine.
- receiving full time advanced professional training in the field for which the loan was received.
- an officer in the US Public Health Service Commissioned Corps.

(NOTE: Part II can be completed by the borrower.)

- serving an internship or residency required prior to professional practice. **Type of program:** \_\_\_\_\_
- a Peace Corps volunteer.
- on full time active duty in a uniformed service. **Branch of service:** \_\_\_\_\_
- participating in a fellowship training program. (for loans made after 10/22/85 only)

#### NURSING STUDENT LOANS

- in a nursing program  half-time  full time leading to
  - baccalaureate  equivalent  graduate  R N
  - associate degree.
- on full time active duty in a uniformed service. **Branch of service:** \_\_\_\_\_
- a Peace Corps volunteer.
- advanced professional training.

**THIS FORM IS INVALID WITHOUT: BORROWER'S SIGNATURE, ACCOUNT NUMBER, BEGINNING AND ENDING DATES, AND COMPLETE CERTIFICATION. I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE. I AGREE TO NOTIFY THE LENDING INSTITUTION IMMEDIATELY UPON TERMINATION OF MY CLAIMED STATUS.**

Borrower's Signature

**X**

Date

## PART II - TO BE COMPLETED BY CERTIFYING OFFICIAL OR REGISTRAR (NOTARY PUBLIC CERTIFICATION NOT ACCEPTABLE.)

I certify that the information stated above is correct.

**X**

Signature of Authorizing Official

Title

Date

Name and Address of Authorizing Organization

STATUS:

- Full-time
- At least half-time
- Less than half-time

Deferment

Dates:(MM/DD/YY)

FROM:

TO:

OPEID #

Official Stamp or Seal

If no stamp or seal is available, please provide letterhead certification.

PHONE NUMBER:(        )

### RETURN FORM TO:

**UNIVERSITY OF MASSACHUSETTS  
STUDENT LOAN OFFICE, 406B GOODELL BLDG, 140 HICKS WAY  
AMHERST, MA 01003-9272**

### PART III - FOR OFFICE USE ONLY

G Approved G Disapproved Reason: \_\_\_\_\_

Inst & Dash #	Def Type	Dates of Def	Int Rev	NPD	Past Due Amt	Period Due	PP End	Amt PP

PROCESSED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_