

**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 Phone:
New Address		Work Phone:
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

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

Nursing Student Loans

- | | |
|--|--|
| <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) |

Health Professions/Primary Care/Loans for Disadvantaged Students

- | | |
|--|--|
| <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"/> Pursing advanced professional training including internships and residencies in the field of _____ | <input type="checkbox"/> Member of a uniformed service (including NOAAC and Public Health Service) |
| <input type="checkbox"/> Participating in a fellowship training program or related educational activities | <input type="checkbox"/> 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

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	PAST DUE AMOUNTS			
FORM PROCESSED BY:	DEFER		PRINCIPAL	INTEREST	LATE	TOTAL
	DEFER					
	GE DATE					
DATE:	LETTER					

PART IV LENDING INSTITUTION ACTION

SIGNATURE OF APPROVING OFFICIAL _____ TITLE _____ DATE _____

PERK/NSL/HPSL 04/01

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:

Kent State University

Bursar's Office

PO BOX 5190

Kent, OH 44242-0001

