

# Request for Deferment of Federal Perkins, NDSL (National Direct Student Loans), Health Professions Student Loans and Webster Barnes Student Loans

Name (Last, First, Middle)		Social Security Number	Loan Number
Address		New Address? (Please Circle: Yes or No)	Day Telephone
City	State	Zip Code	Evening Telephone

**If you need additional information, please refer to your promissory note for description of deferment benefits.**

**Student Deferments:** Student status deferment is possible if you are attending an institution of higher education and are carrying a half-time or greater course load. Forms must be submitted each term (semester, quarter, etc.) depending on the school you are attending. A student continuing his/her education must complete Sections A, B, and C of the form. The student must also obtain proper certification in Section D from the registrar's office of the school you are attending.

<p><b>I. Must Be Completed By Borrower Before Eligibility Can Be Determined</b></p> <p><b>Check the block for type of deferment requested.</b></p> <p><b>A. Deferment Type Requested.</b> Each deferment type has a 3 year limit (unless otherwise noted) and a 6 month post deferment grace period.  <input type="checkbox"/> At Least Half-Time Student (no limit)</p> <p>The following deferments are <i>only</i> for <b>Perkins Loans</b> made <u>before 7/1/93</u> and <b>National Direct Student Loans</b> made <u>between 10/1/80 and 7/1/93</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A member of the U.S. Army, Navy, Air Force, Marines or Coast Guard.</li> <li><input type="checkbox"/> A full-time active duty member of the National Guard or Reserves.</li> <li><input type="checkbox"/> An officer in the Commissioned Corps of the U.S. Public Health Service.</li> <li><input type="checkbox"/> A volunteer in the Peace Corps or comparable tax exempt organization.</li> <li><input type="checkbox"/> Intern/Residence Program (2 Year Limit).</li> </ul> <p>The following deferments are <i>only</i> for Health Professions Student Loans</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pursuing advanced professional training, including internships/residencies</li> <li><input type="checkbox"/> Pursuing a full course of study at a health professions school.</li> <li><input type="checkbox"/> Participating in a fellowship training program. (2 yr limit)</li> </ul> <p><b>B. Period Requested</b> (Borrower must fill in dates)</p> <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="text-align: center;">Beginning</td> <td style="text-align: center;">and</td> <td style="text-align: center;">Ending</td> </tr> <tr> <td style="text-align: center;"> _ _ _ _ </td> <td></td> <td style="text-align: center;"> _ _ _ _ </td> </tr> <tr> <td style="text-align: center;">mo day yr</td> <td></td> <td style="text-align: center;">mo day yr</td> </tr> </table> <p style="margin-left: 20px; font-size: small;">Altered dates must be initialed by certifying official.</p> <p><b>C. Declaration (Borrower's Signature)</b>          I declare that the information shown above is true and accurate. I further declare that I will notify my lender immediately upon any change in my status or address. I also understand that if, for any reason, I am unable to complete the year of service for which I have requested deferment, I will begin repayment of my loan, including deferred payments, immediately.</p> <p>_____          Signature of Borrower Required <span style="float: right;">Date</span></p> <p><b>The following Deferment types require a separate and unique form the borrower must request by contacting the Student Loans Receivable office.</b></p> <ul style="list-style-type: none"> <li>- Graduate Fellowship Program (i.e. Fulbright Grant)</li> <li>- Rehabilitation Training Program for Disabled Individuals</li> <li>- Actively Seeking but Unable to Find Full-Time Employment</li> <li>- Economic Hardship</li> </ul> <p>The following deferments are <i>only</i> for Perkins Loans made <u>before 7/1/93</u></p> <ul style="list-style-type: none"> <li>- Serving in a Medical Internship or Residency Program (2 yr limit)</li> <li>- A full-time active duty member of the National Oceanic &amp; Atmospheric Administration Corps</li> <li>- Temporary total disability (unable to work or go to school)</li> <li>- Mother of a pre-school age child is making no more than \$1.00 above the minimum hourly wage (1 yr limit)</li> <li>- Pregnant or taking care of newborn or newly adopted child. Must be unemployed and not attending school. Must apply within six months of leaving school or dropping below half-time status. (6 month limit)</li> </ul>	Beginning	and	Ending	_ _ _ _		_ _ _ _	mo day yr		mo day yr	<p><b>II. Borrower Must Obtain Certification Before Eligibility Can Be Determined</b></p> <p><b>D. Certification of Benefit Period and Status</b>          To be completed by school, service unit, or employer. Volunteer Service Organizations must provide with this form a Verification of Tax Exempt Status under Section 501 (c) (3) of the IRS code.</p> <p>_____/_____          Name of School/Service Unit/Employer <span style="float: right;">Dept. of Ed. Inst. Code</span></p> <p>_____          Address</p> <p>_____          City <span style="margin-left: 100px;">State</span> <span style="float: right;">Zip</span></p> <p>_____          Phone Number</p> <p><input type="checkbox"/> I certify that this student/borrower is/was enrolled <input type="checkbox"/> full-time or <input type="checkbox"/> half-time for the period indicated in <b>Section B</b> and is a regular student enrolled for the purpose of obtaining a degree or certificate.          Expected Date of Graduation is: _____</p> <p><input type="checkbox"/> I certify that this borrower is serving in an Internship/Residency Program in the field of _____ during the period indicated in Section B.</p> <p><input type="checkbox"/> I certify that this borrower is/was in an approved Graduate Fellowship Program for the period indicated in Section B.</p> <p><input type="checkbox"/> I certify that this borrower is/was in an approved Rehabilitation Training Program. Training Programs for Disabled Individuals for the period indicated in Section B.</p> <div style="text-align: center; font-size: 2em; opacity: 0.5; margin: 20px 0;">OFFICIAL SEAL</div> <p>_____          Signature of Certifying Official <span style="float: right;">Date</span></p> <p><b>Return Forms To:</b> Colorado State University Student Loans Receivable          6024 Campus Delivery          Fort Collins, CO 80523-6024          Phone: (970) 491-6467</p> <p><b>III. To be completed by the Lending Institution (for office use only)</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 33%; text-align: center;">Status</td> <td style="width: 33%; text-align: center;">Beginning</td> <td style="width: 33%; text-align: center;">Ending</td> </tr> </table> <p>By: _____ Date: _____</p>	Status	Beginning	Ending
Beginning	and	Ending											
_ _ _ _		_ _ _ _											
mo day yr		mo day yr											
Status	Beginning	Ending											

