

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>I. Must Be Completed By Borrower Before Eligibility Can Be Determined</p> <p>Check the block for type of deferment requested.</p> <p>A. Deferment Type Requested. 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 Perkins Loans made <u>before 7/1/93</u> and National Direct Student Loans made <u>between 10/1/80 and 7/1/93</u></p> <p><input type="checkbox"/> A member of the U.S. Army, Navy, Air Force, Marines or Coast Guard. <input type="checkbox"/> A full-time active duty member of the National Guard or Reserves. <input type="checkbox"/> An officer in the Commissioned Corps of the U.S. Public Health Service. <input type="checkbox"/> A volunteer in the Peace Corps or comparable tax exempt organization. <input type="checkbox"/> Intern/Residence Program (2 Year Limit).</p> <p>The following deferments are <i>only</i> for Health Professions Student Loans</p> <p><input type="checkbox"/> Pursuing advanced professional training, including internships/residencies <input type="checkbox"/> Pursuing a full course of study at a health professions school. <input type="checkbox"/> Participating in a fellowship training program. (2 yr limit)</p> <p>B. Period Requested (Borrower must fill in dates)</p> <table style="margin-left: 40px; 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: 40px; font-size: small;">Altered dates must be initialed by certifying official.</p> <p>C. Declaration (Borrower's Signature) 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 Date</p> <p>The following Deferment types require a separate and unique form the borrower must request by contacting the Student Loans Receivable office.</p> <ul style="list-style-type: none"> - Graduate Fellowship Program (i.e. Fulbright Grant) - Rehabilitation Training Program for Disabled Individuals - Actively Seeking but Unable to Find Full-Time Employment - Economic Hardship <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"> - Serving in a Medical Internship or Residency Program (2 yr limit) - A full-time active duty member of the National Oceanic & Atmospheric Administration Corps - Temporary total disability (unable to work or go to school) - Mother of a pre-school age child is making no more than \$1.00 above the minimum hourly wage (1 yr limit) - 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) 	Beginning	and	Ending	_ _ _		_ _ _	mo day yr		mo day yr	<p>II. Borrower Must Obtain Certification Before Eligibility Can Be Determined</p> <p>D. Certification of Benefit Period and Status 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 Dept. of Ed. Inst. Code</p> <p>_____ Address</p> <p>_____ City State Zip</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 Section 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 Date</p> <p>Return Forms To: Colorado State University Student Loans Receivable 6024 Campus Delivery Fort Collins, CO 80523-6024 Phone: (970) 491-6467</p> <p>III. To be completed by the Lending Institution (for office use only)</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
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mo day yr		mo day yr											
Status	Beginning	Ending											

Request for Deferment & Cancellation of Federal Perkins (National Direct) 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

You are eligible for postponement/cancellation of your Perkins/NDSL Loan if you are performing one of the following services:

- * A full-time teacher in a public or non-profit elementary or secondary school:
Listed by the Secretary of Education in the Federal Register as having a high concentration of Low-Income students.
In the fields of math, science, foreign language, bilingual education or any other Field of Expertise determined by a state education agency to have a shortage of teachers.
In a Headstart program under the Economic Opportunity Act of 1964 (an authorized official of the Head Start Program must sign the form).
- * A full-time Special Education teacher in a public or non-profit elementary or secondary school system who works exclusively with children and youth from ages 3 thru 21 (inclusive) who require special education and related services because they have disabilities as defined in section 602(a) (1) of the Individuals with Disabilities Act (IDEA).
- * A full-time qualified professional provider of Early Intervention Services in a public or non-profit program under public supervision who works exclusively with infants & toddlers from birth to age two (inclusive) who need early intervention services for specified reasons as defined in section 602 (a) (1) of the Individuals with Disabilities Act.
- * A full-time employee of a public or private non-profit Child or Family Service agency providing services only to high-risk children from low-income communities.
- * A full-time Nurse or Medical Technician (an allied health professional) who is certified, registered or licensed by the appropriate state agency in the state you are providing health care services.
An allied health professional is someone who assists, facilitates, or complements the work of physicians and other specialists in the health care system.
- * A full-time Law Enforcement or Corrections Officer for a publicly funded agency, which activities pertain to crime prevention, control, or reduction. Your position must also be considered essential to the agency's primary mission and must be a sworn officer or person whose principal responsibilities are unique to the criminal justice system.

For each consecutive 12 months of service performed in the above listed fields, the cancellation rate is 15% of the original loan amount for Years 1 and 2; 20% for Years 3 and 4; and, 30% for Year 5.

* A borrower is entitled to cancel up to 70% of the loan for service as a Peace Corps volunteer or volunteer under the Domestic Volunteer Service Act (ACTION program). The cancellation rate is 15% of the original loan amount (plus any interest that accrued during the year) for years 1 and 2; 20% for years 3 and 4.

II. Must Be Completed By Borrower Before Eligibility Can Be Determined	II. Borrower Must Obtain Proper Certification From Employer or Service Unit Before Eligibility Can Be Determined																
<p>A. Deferment and/or Cancellation Check block(s) for level of teaching/service</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Headstart</td> <td><input type="checkbox"/> Middle School</td> <td><input type="checkbox"/> Child/Family Services</td> </tr> <tr> <td><input type="checkbox"/> Pre-Kindergarten</td> <td><input type="checkbox"/> High School</td> <td><input type="checkbox"/> Nurse/Med Tech</td> </tr> <tr> <td><input type="checkbox"/> Kindergarten</td> <td><input type="checkbox"/> Early Intervention</td> <td><input type="checkbox"/> Law Enforcement</td> </tr> <tr> <td><input type="checkbox"/> Elementary</td> <td><input type="checkbox"/> Special Education</td> <td><input type="checkbox"/> Peace Corps/VISTA</td> </tr> </table> <p>Check block(s) for type of institution:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Public (non-profit)</td> <td><input type="checkbox"/> Handicapped</td> </tr> <tr> <td><input type="checkbox"/> Private (non-profit)</td> <td><input type="checkbox"/> Health Care</td> </tr> </table> <p>_____ Legal Name of School or Employing Agency</p> <p>_____ County School District</p> <p>B. Benefit/Employment Period (must be working full-time)</p> <p><input type="checkbox"/> Deferment Begin Date: ___/___/___ End Date: ___/___/___</p> <p><input type="checkbox"/> Cancellation Begin Date: ___/___/___ End Date: ___/___/___</p> <p>Job Title and Job Description (attach details if necessary): _____</p> <p><small>* If you are teaching handicapped or learning disabled children, submit a description of your student's disabilities and percentage of class handicapped.</small></p> <p><small>**You must attach a copy of your certification, registration or license from the appropriate state agency if you are in an allied health profession.</small></p> <p>C. Declaration I declare that the above information is true and accurate and that I will notify my lender immediately upon change in my employment. I also declare that if, for any reason, I am unable to complete the full year of service for which I requested deferment, I will begin repayment of my loan, including deferred payments, immediately.</p> <hr/> <p>Signature of Borrower Required Date</p> <hr/>	<input type="checkbox"/> Headstart	<input type="checkbox"/> Middle School	<input type="checkbox"/> Child/Family Services	<input type="checkbox"/> Pre-Kindergarten	<input type="checkbox"/> High School	<input type="checkbox"/> Nurse/Med Tech	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Elementary	<input type="checkbox"/> Special Education	<input type="checkbox"/> Peace Corps/VISTA	<input type="checkbox"/> Public (non-profit)	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Private (non-profit)	<input type="checkbox"/> Health Care	<p>D. Certification of Employment Benefit Period</p> <p>_____ Name of School/Service Unit/Employer</p> <p>_____ Address () Phone Number</p> <p>_____ City State Zip</p> <p><input type="checkbox"/> I certify that this is a public elementary or secondary school.</p> <p><input type="checkbox"/> I certify that this is a non-profit elementary or secondary school registered by the State Education Agency. (Letter should be attached by certifying official.)</p> <p><input type="checkbox"/> I certify that this is a public/private non-profit child or family service agency.</p> <p><input type="checkbox"/> I certify that this borrower is a Law Enforcement or Corrections Officer.</p> <p><input type="checkbox"/> I certify that this borrower is a full-time nurse/medical technician providing health care services in the state he/she is certified, licensed or registered.</p> <p><input type="checkbox"/> I certify that this borrower is enlisted in the Peace Corps, VISTA, or ACTION.</p> <p>_____ Signature of Certifying Official Date</p> <p>_____ Title of Certifying Official</p> <p>Return Forms To: Colorado State University Student Loans Receivable 6024 Campus Delivery Fort Collins CO 80523-6024</p> <p><small>Phone: (970) 491-6467</small></p>
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