

REQUEST FOR DEFERMENT OF REPAYMENT

FEDERAL PERKINS LOAN/ NURSING STUDENT LOAN /HEALTH PROFESSIONS/ PRIMARY CARE LOAN (HPSL/PCL)/ STANFORD UNIVERSITY LOANS

PART I –GENERAL INFORMATION TO BE COMPLETED BY BORROWER

Name:		Account Number(s):	
Address:			
		Email address:	
City:		Social Security Number (optional):	
State:	Zip Code	Home Telephone: ()	
<input type="checkbox"/> Check if this is a New Address		Employment Telephone: ()	
Name of Lending Institution:		Cell Telephone: ()	
<input type="checkbox"/> I authorize UAS to contact me regarding my loan(s) at the number provided, including via the use of automated telephone dialing equipment or artificial or pre-recorded voice or text messages.			

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"/> Serving an eligible internship or residency (Dental only) | <input type="checkbox"/> Engaged in a graduate or postgraduate fellowship-supported study outside the United States, such as a Fulbright grant |
| <input type="checkbox"/> Pursuing a course of study in a rehabilitation program for disabled individuals | <input type="checkbox"/> Enrolled and in attendance as a regular student in a course of study that is part of a graduate fellowship program | <input type="checkbox"/> Participating in a medical fellowship-training program. |
| <input type="checkbox"/> Member of U.S. Armed Forces on full time active duty | | |

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"/> Pursuing advanced professional training including internships and residencies in the field of _____ | <input type="checkbox"/> Participating in a fellowship training program or related educational activities |
| (Certification not required for Internship/Residency deferment on HPSL or PCL accounts. Name & Address of Institution must be entered in Part II below.) | <input type="checkbox"/> Member of a uniformed service (including NOAAC and Public Health Service) |
| | <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
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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 (Office of Postsecondary Education)	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 FORM PROCESSED BY:	MONTH/YEAR	# MOS/CODE	PRINCIPAL	PAST DUE AMOUNTS		
				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. You must provide documentation of receipt of rehab services from an agency that is licensed, approved, or certified by a State agency or the Department of Veterans Affairs and that services are provided under a written plan individualized to meet your needs. Documentation must specify that the plan requires substantial commitment that doesn't allow you to work or attend school and state the date on which services will end.
3. U.S. Armed Services (Military). Beginning 11/01/07, deferment is available to Armed Forces Reservists and National Guard personnel called to active duty and to regular military personnel assigned to duty stations other than their normal stations due to war, military operation or national emergency. Also, for loans made on or after 7/1/93, deferment can be requested for period in which you are engaged in service eligible for cancellation (serving 12 consecutive months in area of hostilities that qualifies for special pay under USC 37, Section 310).
4. Internship or residency in dentistry only. 2-year maximum.
5. Volunteer for tax-exempt organization. 3-year maximum.
6. Graduate Fellowship (engagement satisfies both borrower and fellowship program requirements)

Borrower Requirements:

- (a) Borrower must hold a Baccalaureate degree.
- (b) Borrower has been accepted or recommended by an institution of higher education for acceptance into a graduate fellowship program.

Fellowship Program Requirements

- (a) The graduate fellowship program must be full time.
- (b) The graduate fellowship program must state an anticipated completion date.
- (c) The fellowship program must provide financial support to the fellow for at least six-months.
- (d) As part of the graduate fellowship award process the applicant (borrower) must provide a written statement of objectives.
- (e) The fellowship program must require the fellow to submit periodic reports, projects or evidence of progress.
- (f) In the case of study at a foreign university, accepts the course of study for completion of the fellowship program.

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 professional 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. A volunteer in the Peace Corps. There is a limit of three years.
4. Serving in a uniformed service including the National Oceanic & Atmospheric Corps and the Public Health Service.

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 an 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. 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.
5. 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.
6. A volunteer in the Peace Corps. Your original grace period must expire before benefits can be granted. Maximum benefit is 3 years.

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
4099 McEwen Road, Suite 700B
Farmers Branch, TX 75244

