

FEDERAL PERKINS LOAN PROGRAM REQUEST FOR DEFERMENT OF REPAYMENT

PART I - GENERAL INFORMATION (To be completed by borrower)

Borrower is responsible to advise OHSU of current address!	DATE EXITED SCHOOL
NAME OF BORROWER	SOCIAL SECURITY NUMBER
STREET ADDRESS	PHONE NUMBER
	EMAIL:
CITY, STATE, ZIP	YOUR SIGNATURE:

THIS IS TO CERTIFY THAT I AM: (check one)

☐ At least a half-time student at an institution of higher education

For NDSL loans made between October 1, 1980 and July 1, 1993 ONLY

MAXIMUM THREE YEAR DEFERMENTS FOR THE FOLLOWING:

- ☐ A member of the U.S. Army, Navy, Air Force, Marines, or Coast Guard
- ☐ A member of the National Guard or the Reserves serving a period of full-time active duty in the Armed Forces
- ☐ An officer in the Commissioned Corps of the U.S. Public Health Service or a Peace Corps volunteer
- ☐ A volunteer under Title I, Part A of the Domestic volunteer Service Act of 1973 (ACTION programs)
- ☐ A full-time volunteer in service for a tax-exempt organization ED has determined is comparable to Peace Corps or ACTION
- ☐ Temporarily totally disabled or unable to work because he/she must care for a spouse who is so disabled. A physician (s statement is required to prove disability).
- ☐ Serving in an eligible internship program (**maximum two year deferment**)

For FEDERAL PERKINS loans made before July 1, 1993 ONLY

MAXIMUM THREE YEAR DEFERMENTS FOR THE FOLLOWING:

- ☐ A member of the U.S. Army, Navy, Air Force, Marines, or Coast Guard
- ☐ A member of the National Guard or the Reserves serving a period of full-time active duty in the Armed Forces
- ☐ An officer in the Commissioned Corps of the U.S. Public Health Service
- ☐ A Peace Corps volunteer, or a full-time active duty as a member of the National Oceanic and Atmospheric Administration Corps.
- ☐ A volunteer under Title I, Part A of the Domestic volunteer Service Act of 1973 (ACTION programs)
- ☐ A full-time volunteer in service for a tax-exempt organization ED has determined is comparable to Peace Corps or ACTION
- ☐ Temporarily totally disabled or unable to work because he/she must care for a spouse or other dependent who is so disabled
- ☐ Serving in an eligible internship/residency@ program (**maximum two year deferment**)
- ☐ Mother of a preschool-age child, provided the mother is going to work (or going back to work) at a salary that is no more than \$1.00 in excess of the minimum hourly wage (**maximum one year deferment**)
- ☐ Parental leave (pregnant, or if he or she is taking care of a newborn or newly adopted child) (**maximum six month deferment**)
- ☐ Hardship deferment as determined by the school (if the borrower is facing a prolonged period of illness or unemployment). However, interest will continue to accrue during the deferment

For FEDERAL PERKINS and NDSLs loans made ON OR AFTER July 1, 1993 ONLY

- ☐ Enrolled and in attendance as a regular student in a course of study that is part of an approved graduate fellowship program approved ED (the borrower must provide certification that he/she has been accepted for or is engaged in full-time study in the school=s graduate fellowship program)
- ☐ Engaged in graduate or post-graduate fellowship-supported study (such as a Fulbright grant) outside the United States
- ☐ Serving in a residency program in **DENTISTRY** (deferments may no longer be granted to a borrower while serving in a medical internship or residency program, except for a program in dentistry)
- ☐ Enrolled in a course of study that is part of an approved rehabilitation training program for disabled individuals approved by ED
- ☐ Seeking and unable to find full-time employment (**maximum three year deferment**)
- ☐ Suffering an economic hardship (**maximum three year deferment**)

PART II - CERTIFICATION TO BE COMPLETED BY SCHOOL OR APPROPRIATE OFFICIAL ON BACK

PART II - CERTIFICATION (to be completed by school or appropriate official)

I CERTIFY THAT THE INFORMATION STATED IN PART I IS TRUE AND CORRECT; THE PERSON NAMED IN PART I IS (WAS):

9 ENROLLED AS AT LEAST A HALF-TIME STUDENT
9 ON FULL-TIME ACTIVE DUTY IN ARMED FORCES
9 IN PEACE CORPS VOLUNTEER SERVICE
9 ON ACTIVE DUTY IN NOACC

9 A VOLUNTEER UNDER THE DVS ACT OF 1973
9 SERVING AN ELIGIBLE INTERNSHIP OR RESIDENCY
9 AN OFFICER IN THE U.S. PUBLIC HEALTH SERVICE
9 A VOLUNTEER IN A NON-PROFIT, TAX-EXEMPT ORGANIZATION

SPECIFIC DATES: FROM:

TO:

SIGNATURES (REGISTRAR, COMMANDING OFFICER, PEACE CORPS OR VOLUNTEER OFFICER)

DATE

NAME OF INSTITUTION OR ORGANIZATION

OFFICIAL SEAL OR STAMP OR
SCHOOL/ORGANIZATION *

ADDRESS (CITY, STATE AND ZIP CODE)

PHONE AND AREA CODE

* If an official seal or stamp is not available, the appropriate official must verify your status on official letterhead stationery.
Student deferment forms must be certified only after classes begin.

PART III - OHSU USE ONLY

FORM PROCESSED BY:	NEXT PAYMENT DATE	PAST DUE AMOUNTS
		PRINCIPAL
		INTEREST
DATE:	PAYMENTS DEFERRED	LATE CHG
		TOTAL
SIGNATURE OF APPROVING OFFICIAL	TITLE	DATE

INSTRUCTIONS:

1. PLEASE PRINT IN INK, OR TYPE
2. Complete Part I
3. Sign and date form
4. Have forms certified in Part II (FORMS WILL BE RETURNED IF ANY INFORMATION IS MISSING)
5. Return forms and any accompanying verification documents to:

SEND COMPLETED FORM TO:
Oregon Health Science University (83)
c/o Heartland ECSI
P.O. Box 1289
Moon Township, PA 15108
1-888-549-3274