

***** SECTIONS A-D MUST BE COMPLETED FULLY *****
BORROWER MUST COMPLETE ALL SHADED AREAS
Federal Perkins & Health Profession Student Loan Deferment Request

Please Print or Type

Name: _____ PID _____	Return to: Michigan State University 140 Administration Building East Lansing, MI 48824
Address: _____ Check if new address <input type="checkbox"/>	
City: _____ State _____ Zip _____ Day telephone () - _____	
Institution which granted loan _____ Evening telephone () - _____	Social Security #: _____

If you need more information, please refer to your promissory note for description of deferment benefits or call (517) 355-5140. You may download this form from the Internet at <http://www.msu.edu/unit/ctrl/>

A. Deferment: Check one block for deferment type						C. Dates deferment requested			
DEFERMENT CONDITION	All loans disbursed on or after 7/1/93	Federal Perkins disbursed on or after 7/1/87 but before 7/1/93	National Direct disbursed on or after 10/1/80 but before 7/1/93	National Direct disbursed before 10/1/80	NOTES	Beginning	and	Ending	Altered dates
						Mo. Day Yr.		Mo. Day Yr.	Must be initiated by certifying official.
At least Half-time student	Yes	Yes	Yes		Form required for each quarter/sem. After official registration				Check if you intend to enroll next semester/quarter <input type="checkbox"/>
Rehabilitation training	Yes	No	No	No	For disabled individuals				
Graduate fellowship	Yes	No	No	No	Form required each year Must be full time				D. Borrower signature (required) I declare that the information above is true and accurate. I further declare that I will notify my lender or loan servicer immediately upon change in my status. I further understand that if, for any reason, I am unable to complete the year of service for which I have requested deferment benefits, I will begin repayment of my loan, including deferred payments, immediately.
Internship/residency	No	Two years*	Two years*	No	Must be required to begin professional practice				
Dental residency	Yes	No	Yes	No	Must be required to begin professional practice				Signature of borrower (required)
Inability to secure full-time job	Three years	No	No	No	Contact your lender				
Economic hardship	Three years	No	No	No	Contact your lender				Date
Peace Corps/Action	Yes +	Three years	Three years	Three years	Entire enlistment required				Internal Use Only:
Full-time volunteer for tax-exempt org.	No	Three years*	Three years*	Three years*	On full-time active duty; entire enlistment required				Date Processed
U.S. Armed Services	Yes +	Three years	Three years	Three years	Entire enlistment required				Analyst's initials
Officer in PHS	No	Three years	Three years	No	Commissioned Corps of Public Health Service				Comment:
NOAAC	No	Three years	No	No	National Oceanic & Atmospheric Administration Corps				For Lending Institution use only: <input type="checkbox"/> Request disapproved <input type="checkbox"/> Deferment approved
Temporary total disability borrower/spouse	No	Three years	Three years	No	Cannot be employed or attending school				
Care of totally disabled dependent	No	Three years	No	No	Cannot be employed or attending school				<input type="checkbox"/> Student status <input type="checkbox"/> Military service <input type="checkbox"/> Peace Corps <input type="checkbox"/> VISTA <input type="checkbox"/> Internship/Residency <input type="checkbox"/> Dental residency <input type="checkbox"/> Volunteer service <input type="checkbox"/> U.S. Public Health Service <input type="checkbox"/> NOAAC <input type="checkbox"/> Parental leave <input type="checkbox"/> Graduate fellowship/rehabilitation training <input type="checkbox"/> Working mother <input type="checkbox"/> Temporary total disability: <input type="checkbox"/> spouse <input type="checkbox"/> dependent <input type="checkbox"/> borrower
Mother returning to work	No	One year	No	No	Preschool children				
Parental leave	No	Six months	No	No	Pregnancy, newborn or child adoption				Date of status beginning _____ ending _____
*Additional documentation required. Please contact servicer +Deferment is only for Federal Perkins cancellation period.									Signature: _____ Date: _____

B. Certification of Deferment Period and Status (School, service unit or employer only)

OPE code _____ Note: We cannot accept a form certified more than 30 days prior to the beginning of your enrollment period

Name of school/service unit/employer _____ Date _____ Phone No _____

Street Address : _____ City _____ State _____ Zip _____

I certify that this student is/was enrolled as at least a Half-time or a Full-time regular degree-seeking student (defined in 34 CFR 600.2) for the deferment period indicated in Section B, leading to a degree in _____

Our institution is on the Semester Quarter Trimester Clock Hour system

I certify that this borrower is/was serving in an internship/residency program required for professional practice in the field of : _____

This space is for institutional seal. If not available, provide official letter of certification

I certify that this borrower is/was in an approved graduate fellowship program.

An approved rehabilitation training program for disabled individuals

Signature of Certifying Official (Altered dates must be initiated by Certifying Official.) _____ Title of certifying official _____ Date _____