

***** 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 Hannah Administration Building 426 Auditorium Rd Room 140 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 initialed by certifying official.
<input checked="" type="checkbox"/>	At least Half-time student	Yes	Yes	Yes		Form required for each quarter/sem. After official registration				
	Rehabilitation training	Yes	No	No	No	For disabled individuals				
	Graduate fellowship	Yes	No	No	No	Form required each year Must be full time				
	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				
	Inability to secure full-time job	Three years	No	No	No	Contact your lender				
	Economic hardship	Three years	No	No	No	Contact your lender				
	Peace Corps/Action	Yes +	Three years	Three years	Three years	Entire enlistment required				
	Full-time volunteer for tax-exempt org.	No	Three years*	Three years*	Three years*	On full-time active duty; entire enlistment required				
	U.S. Armed Services	Yes +	Three years	Three years	Three years	Entire enlistment required				
	Officer in PHS	No	Three years	Three years	No	Commissioned Corps of Public Health Service				
	NOAAC	No	Three years	No	No	National Oceanic & Atmospheric Administration Corps				
	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				
	Mother returning to work	No	One year	No	No	Preschool children				
	Parental leave	No	Six months	No	No	Pregnancy, newborn or child adoption				
*Additional documentation required. Please contact servicer						+Deferment is only for Federal Perkins cancellation period.				
							Check if you intend to enroll next semester/quarter <input type="checkbox"/>			
							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.			
							Signature of borrower (required)			
							Date			
							Internal Use Only:			
							Date Processed		Analyst's initials	
							Comment:			
							For Lending Institution use only:			
							<input type="checkbox"/> Request disapproved			
							<input type="checkbox"/> Deferment approved			
							<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	
							Date of status beginning		ending	
							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 <input type="checkbox"/> Half-time or a <input type="checkbox"/> 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 <input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester <input type="checkbox"/> Clock Hour system			
<input type="checkbox"/> 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			
<input type="checkbox"/> I certify that this borrower is/was in an approved graduate fellowship program.			
<input type="checkbox"/> An approved rehabilitation training program for disabled individuals			
Signature of Certifying Official (Altered dates must be initialed by Certifying Official.) _____		Title of certifying official _____	Date _____