



In School Deferment Request Form - INSTITUTIONAL LOANS

Section 1: BORROWER INFORMATION

Check this box if any of your information has changed.

Name: _____ UMID or Last 4 Digits of SSN#: _____
 Address: _____ City _____ State _____ Zip Code _____
 Phone Number: _____ Cell Phone Number: _____ Email _____

Section 2: BORROWER DETERMINATION OF ELIGIBILITY (Carefully read the entire form before completing it.)

You are eligible for this deferment when you are enrolled at least half time in an eligible school. To receive an in-school deferment for a University of Michigan Institutional Loan, the borrower must be enrolled as a regular student in an eligible institution of higher education or a comparable institution outside the United States approved by the Department for deferment purposes. A regular student is one who is enrolled for the purpose of obtaining a degree or certificate.

SECTION 3: BORROWER REQUESTS, UNDERSTANDINGS, CERTIFICATION AND AUTHORIZATION

I request:

- To defer repayment of my loan for the period during which I meet the eligibility criteria outlined in Section 2 and as certified by the authorized official in Section 4.

I understand that:

- I am not required to make payment of loan principal or interest during my deferment.
- My deferment will begin, as certified by the authorized official on the date I became eligible for the deferment.
- My deferment will end, as certified by the authorized official, on the date I no longer qualify for the deferment.
- I will receive a 6-month post-deferment grace period beginning on the date I no longer qualify for the deferment.

I certify that:

- The information I have provided on this form is true and correct.
- I will provide additional documentation to the University of Michigan, as required, to support my deferment eligibility.
- I will notify my loan holder immediately when my eligibility for the deferment ends.

I authorize the University of Michigan to contact me regarding my request or my loans at any telephone number that I provide now or in the future.

Borrower's Signature: _____ Date: _____

By Checking this Box, I attest that this is my signature

Section 4: AUTHORIZED OFFICIAL'S CERTIFICATION

Note: As an alternative to completing this section, you may attach separate documentation from an authorized official that includes all of the information requested below.

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| <ul style="list-style-type: none"> • The Student is/was enrolled at the school below: <ul style="list-style-type: none"> <input type="checkbox"/> Full time <input type="checkbox"/> At least half time, but less than full time • Is the student enrolled at the school below as a regular student? <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> • The student's enrollment status begins/began on: _____ • The student's enrollment status ends/ended on: _____ • The student is expected to complete his/her program requirements on: _____ |
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I certify, to the best of my knowledge and belief, that the information that I have provided in this section is accurate.

Name of School _____ OPEID _____

Address _____ City _____ State _____ Zip Code _____

Official's Name/Title _____ Telephone _____

Official's Signature _____ Date _____

Processed by _____ Date _____