

REQUEST FOR DEFERMENT OF REPAYMENT

- NURSING STUDENT LOAN (NSL)
- HEALTH PROFESSION LOANS/PRIMARY CARE LOANS/LDS LOANS

Return to: THE UNIVERSITY OF MICHIGAN
STUDENT LOAN COLLECTIONS
6000 WOLVERINE TOWER 3003 SOUTH STATE ST
ANN ARBOR, MI 48109-1287
(800) 456-0706 FAX (734) 647-3804

PART I – GENERAL INFORMATION TO BE COMPLETED BY BORROWER			
Name:		UM-ID or Last 4 Digits of SSN#:	
Address:		Home Phone:	
		Work Phone:	
City:		Cell Phone:	
State:	Zip:	Check if New Address: <input type="checkbox"/>	E-Mail Address:
Deferment is requested from _____ to _____. You MAY NOT have form certified before status begins. Form 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. See page 2 for instructions.			
<u>Nursing Student Loans</u>			
<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 at least a half-time student in a course of study leading to an advanced degree in nursing, or otherwise pursuing advanced professional training in nursing.		<input type="checkbox"/> Member of a uniformed service (including NOAAC and Public Health Service)	
(From degree _____ to degree _____)			
<u>Health Profession Loans/Primary Care Loans/Loans for Disadvantaged Students</u>			
<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"/> Pursing advanced professional training including internships and residencies in the field of _____		<input type="checkbox"/> Member of a uniformed service (including NOAAC and Public Health Service)	
<input type="checkbox"/> Participating in a fellowship training program or related educational activities		<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
By Checking this Box, I attest that this is my signature	

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)		

PART III - LENDING INSTITUTION ACTION	
Processed by _____	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. All forms must be submitted at least annually. Student deferments should be submitted each semester.

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 at least a half-time student (full-time for NSL's prior to 11/4/88) 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. **Serving in a uniformed service** including the National Oceanic & Atmospheric Corps and the Public Health Service. There is a limit of three years combined eligibility for uniformed service and Peace Corps deferment.
4. **Peace Corps volunteer.** There is a limit of three years combined eligibility for uniformed service and Peace Corps deferment.

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

INSTRUCTIONS:

1. **PRINT IN INK OR TYPE.**
2. **Complete Part I.**
3. **Sign and date form.**
4. **Have Part II certified by an appropriate official. 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 FORM TO:

The University of Michigan
Student Loan Collections
6000 Wolverine Tower • 3003 South State Street
Ann Arbor, MI 48109-1287
(800) 456-0706 Fax (734) 647-3804