

REQUEST FOR DEFERMENT - FEDERAL PERKINS LOAN, NURSING STUDENT LOAN, HEALTH PROFESSIONS STUDENT LOAN, LOANS FOR DISADVANTAGED STUDENTSwww.acs-education.com

(Please complete in ink)

Name	Lending Institution	16 digit Account Number
Address		
1st time - day after grace period ends		
Home phone: ()	Dates Requested (mm/dd/yy):	Return Form to:
Work Phone: ()	Begin Date: _____	ACS Education Services
Cell Phone: ()	End Date: _____	Campus Products and Services
Email:	Birthdate: _____	50
Driver's License #/State		504-7060

You may qualify for one of the following deferment benefits, even if they are not specifically listed in your original promissory note. Please visit our website for further information or clarification: www.acs-education.com

LDS, PCL & most "named" CU Loans - use choices in "Health Professions" section

Perkins Deferment Conditions: <ul style="list-style-type: none"><input type="checkbox"/> At least half-time student<input type="checkbox"/> Enrolled in a Rehabilitation Training Program<input checked="" type="checkbox"/> Graduate Fellowship<input type="checkbox"/> Unemployment – separate form required<input type="checkbox"/> Military Service (combat) Branch of Service: _____<input type="checkbox"/> Military Operations<input type="checkbox"/> Military Demobilization<input type="checkbox"/> Performing Service eligible for Cancellation<input type="checkbox"/> Other: _____ (Only for loans received prior to July 1, 1993)	Health Professions Deferment Conditions: <ul style="list-style-type: none"><input type="checkbox"/> Pursuing a full-time course of study toward a degree in health professions<input type="checkbox"/> Internship/Residency prior to professional practice Program: _____<input type="checkbox"/> Fellowship Training Program<input type="checkbox"/> Advanced Professional Training<input type="checkbox"/> Peace Corps Volunteer<input type="checkbox"/> Officer in the US Public Health Services Commissioned Corps<input type="checkbox"/> Military Service (active duty): Branch of Service _____ Nursing Deferment Conditions: <ul style="list-style-type: none"><input type="checkbox"/> At least half-time in a Nursing Program<input type="checkbox"/> Advanced Professional Training<input type="checkbox"/> Peace Corp/Volunteer<input type="checkbox"/> Military Service (active duty): Branch of Service _____
City _____ State _____ Zip _____	

Use this form to defer as a fellow.
Use different form for forbearance during residency.

I declare that the information shown above is true and accurate. I further declare that I will notify my lender immediately upon any change in my status. If I am unable to complete the year for which I have applied for deferment, I will begin loan repayment immediately.

Borrower Signature: _____ Date: _____

CERTIFICATION of DEFERMENT STATUS Name of School/Unit/Employer: _____ Address: _____ Phone: () _____ <input type="checkbox"/> I certify that the information stated above is correct. Status : _____ Full Time _____ At least Half-Time _____ Less than Half-Time OPEID# _____ Dates - From: _____ To: _____ Signature of Certifying Official: _____ Title of Certifying Official: _____ Date: _____	Official Stamp or Seal (If no stamp or seal is available, please provide supporting documentation on official letterhead) INTERNAL USE ONLY: <input type="checkbox"/> Deferment Approved/Processed Date Processed: _____ Processor: _____
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