

REQUEST FOR DEFERMENT - FEDERAL PERKINS LOAN, NURSING STUDENT LOAN, HEALTH PROFESSIONS STUDENT LOAN, LOANS FOR DISADVANTAGED STUDENTS

www.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 P	End Date: _____	Campus Products and Services
Email	Birthdate: _____	50
Driver		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

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

Perkins Deferment Conditions:

- ☐ At least half-time student
- ☐ Enrolled in a Rehabilitation Training Program
- ☐ Graduate Fellowship If applicable
- ☐ Unemployment – separate form required
- ☐ Military Service (combat)
Branch of Service: _____
- ☐ Military Operations
- ☐ Military Demobilization
- ☐ Performing Service eligible for Cancellation
- ☐ Other: _____ (Only for loans received prior to July 1, 1993)

Use different form for forbearance during residency

Health Professions Deferment Conditions:

- ☐ Pursuing a full-time course of study toward a degree in health professions
- ☒ Internship/Residency prior to professional practice Program: _____
- ☒ Fellowship Training Program
- ☒ Advanced Professional Training - in the field for which the loan was rcv'd
- ☒ Peace Corps Volunteer
- ☐ Officer in the US Public Health Services Commissioned Corps
- ☐ Military Service (active duty):
Branch of Service _____

Nursing Deferment Conditions:

- ☐ At least half-time in a Nursing Program
- ☐ Advanced Professional Training
- ☐ Peace Corp/Volunteer
- ☐ Military Service (active duty):
Branch of Service _____

Only for DDS/DMD coursework

*use these 3 options for PG programs

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: () _____

☐ 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:

☐ Deferment Approved/Processed

Date Processed: _____

Processor: _____