

WEST VIRGINIA UNIVERSITY REQUEST FOR DEFERMENT

A deferment is a period during which you are entitled to delay payment of the principal balance of your loan(s). During the period of deferment, no interest will be charged.

NAME OF BORROWER			SOCIAL SECURITY #
_____	_____	_____	- -
First	Middle	Last	HOME PHONE #
ADDRESS			() -
CITY	STATE	ZIP CODE	EMAIL ADDRESS

SECTION 1 – LOAN AND DEFERMENT TYPE

Check each type of loan you have below:

- **PERKINS LOAN and I am (check one):**
 - ___ enrolled at least half-time at an institute of higher education.
 - ___ a volunteer in the Peace Corps or Domestic Volunteer Act of 1973.
 - ___ a full-time member of the U.S. Public Health Service.
 - ___ a member of the Oceanic and Atmospheric Administration Corp.
 - ___ temporarily or totally disabled or unable to work due to providing care for a dependent who is disabled (physician's affidavit required).
 - ___ serving on active duty in the uniformed service of the United States.
 - ___ on active duty in support of current military contingency operation.
 - ___ in an internship, residency or fellowship.

- **DISADVANTAGED or PRIMARY CARE LOAN and I am (check one):**
 - ___ serving on active duty as a member of a uniformed service of the United States (3 year limit).
 - ___ pursuing advanced professional training, including internships and residencies.
 - ___ serving as a volunteer under the Peace Corps Act (3 year limit).
 - ___ pursuing a full-time course of study at a health professions school eligible for participation in the Disadvantaged/Primary Care Loan Programs.

- **WV MEDICAL STUDENT LOAN (formerly WV Board of Trustees Loan) and I am (check one):**
 - ___ serving on active duty as a member of a uniformed service of the United States in fulfillment of required military service.
 - ___ serving in an internship or residency (5 year limit).
 - ___ pursuing a course of study in a approved graduate fellowship program.
 - ___ enrolled full-time in an approved School of Medicine.

- **HEALTH PROFESSIONS LOAN and I am (check one):**
 - ___ serving on active duty as a member of the uniformed service of the United States.
 - ___ serving as a volunteer under the Peace Corps Act.
 - ___ pursuing advanced professional training (internship, residency or fellowship).
 - ___ enrolled full-time at an institution of higher education in Health Professions.

- **NURSING LOAN and I am (check one):**
 - ___ serving on active duty as a member of the uniformed service of the United States.
 - ___ serving as a volunteer under the Peace Corps Act.
 - ___ pursuing advanced professional training.
 - ___ enrolled half-time at an institution of higher education in Nursing.

- **INSTITUTIONAL LOAN (A loan from WVU that required a co-signer) and I am (check one):**
 - ___ serving on active duty as a member of the uniformed service of the United States (up to 3 yrs.).
 - ___ pursuing advanced professional training including internship or residency.
 - ___ enrolled at least half-time at an institution of higher education.

OVER

SECTION 2 – DEFERMENT PERIOD

Deferment beginning date ____ / ____ / ____ ending date ____ / ____ / ____ (cannot exceed 12 months)

SECTION 3 – BORROWER CERTIFICATION

I certify that the information on this form is true and correct. I further declare that I will notify West Virginia University immediately upon any change in my status.

Signature _____

Date _____

SECTION 4A OR 4B MUST BE COMPLETED BY THE APPROPRIATE OFFICIAL.

SECTION 4A – CERTIFICATION (TO BE COMPLETED BY THE APPROPRIATE AGENCY/OFFICIAL)

I certify that the reason in Section 1 is true and correct.

Signature Commanding Officer/Supervisor/Official _____

Title _____

Name of Institution or organization _____

Phone # _____

Date _____

Address _____

City _____

State _____

Zip _____

INVALID WITHOUT OFFICIAL SEAL, STAMP OR LETTERHEAD

SECTION 4B – CERTIFICATION (TO BE COMPLETED BY INSTITUTION OF HIGHER EDUCATION)

I certify that the reason in Section 1 is true and correct. I also certify that the borrower's major is _____ and anticipated graduation date from our institution is _____ (month and year).

Signature School Official _____

Title _____

Name of Institution or Organization _____

Phone # _____

Date _____

Address _____

City _____

State _____

Zip _____

INVALID WITHOUT OFFICIAL SEAL, STAMP OR LETTERHEAD

TO BE COMPLETED BY WEST VIRGINIA UNIVERSITY

APPROVED: From: ____ / ____ / ____ To: ____ / ____ / ____

DISAPPROVED: REASON _____ :

SIGNATURE IOF WVU OFFICIAL _____

DATE _____

If you have any questions, contact ECSI at 888-549-3274 or WVU at 304/293-2809. Return this form to:

**ECSI (31)
181 Montour Run Road
Coraopolis, PA 15108**