



Deferment

We recommend that you read your promissory note carefully in order to become familiar with a number of features, duties, and, more specifically, what is and is not available relating to a deferment or cancellation before completing this form.

Borrower's Name/Address:		Mail Form to:
Name:		Robert Morris College
Address:		Perkins Department, Suite 140
City:		401 S. State St.
State:	Zip Code:	Chicago, IL 60605
Day Phone:	Evening Phone:	
Account Number:	Email Address:	

Section 1 – Deferment Type

Refer to the specific section on the back sided of this form

- _____ Full – Time student in an institution of higher education (Perkins, Nursing, Health profession loans) **Section A**
- _____ At least half – time student in an institution of higher education (Perkins) **Section A**
- _____ A volunteer in the Peace Corps or Domestic volunteer act of 1973 **Section B**
- _____ A full - time member/officer of U.S. Armed Forces or in the U.S. Public Health Service (Loan Prior 7/1/93) **Section C**
- _____ Internship or Residency (Perkins Prior to 7/1/93) **Section D**
- _____ A member of the Oceanic and Atmospheric Administration Corp (Perkins 17 only) **Section E**
- _____ Mother of preschool age children who entered/reentered the work force, and is making \$1.00 or less above Minimum Wage (Perkins 17/19 only) **Section F**
- _____ I am pregnant, caring for my newborn, or caring for child immediately after adoption **Section G**
- _____ Graduate / Fellowship **Section H**

Section 2 – Certification Period

Deferment Starting Date _____ Ending Date _____

Section 3 – Borrower Signature

I declare that the information above is true and correct. I further declare that I will notify my lender or Educational Computer Systems, Inc. immediately upon any change in my status.

Signature of borrower _____ Date _____

Section 4 – Certification by School / Agency / Institution

I certify that the information stated 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 (<i>Office of Postsecondary Education</i>)	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)	Telephone	

For Institutional Use Only

SIGNATURE OF APPROVING OFFICIAL _____ TITLE _____ DATE _____