

**UNIVERSITY OF WISCONSIN – MADISON**  
**REQUEST FOR DEFERMENT OF REPAYMENT**  
**FEDERAL PERKINS (NDSL) STUDENT LOAN \* NURSING STUDENT LOAN (NSL)**  
**HEALTH PROFESSIONS/PRIMARY CARE LOAN (HPSL/PCL)**  
**INSTITUTIONAL STUDENT LOAN**

**PART I - GENERAL INFORMATION TO BE COMPLETED BY BORROWER**

Name:		Last Four Digits of SSN#:   XXX-XX-	
Address:			
City:		Home Phone:   (     )	
State:	Zip Code:	Work Phone:   (     )	
E-mail Address:		Cell Phone:   (     )	

Deferment is requested from \_\_\_\_\_ to \_\_\_\_\_. ***You MAY NOT have form certified before status begins. All forms must be completed at least annually. Student deferment forms must be submitted each semester, and 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.**

**NDSL/Federal Perkins/Institutional Loans**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Enrolled as at least a half-time student in an institution of higher education.  | <input type="checkbox"/> Member of U.S. Armed Forces on full-time active duty. | <input type="checkbox"/> Full-time volunteer in a tax-exempt organization. (Attach description of program.) |
| <input type="checkbox"/> Pursuing a course of study in an authorized graduate fellowship program. (Describe fellowship on a separate page.)                   | <input type="checkbox"/> Mother returning to workforce.                        | <input type="checkbox"/> Officer in Commissioned Corps of U.S. Public Health Service.                       |
| <input type="checkbox"/> Pursuing a course of study in a rehabilitation program for disabled individuals. (Describe rehabilitation program on separate page.) | <input type="checkbox"/> Serving in an eligible internship or residency.       | <input type="checkbox"/> On active duty in National Oceanic and Atmospheric Administration Corps.           |

**Nursing Student Loans**

- |  |   |
|--|---|
| <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 a full-time student in a course of study leading to an advanced degree in nursing, or otherwise pursuing advanced professional training.<br>(From degree _____ to degree _____) | <input type="checkbox"/> Member of a uniformed service (including NOAAC and Public Health Service). |

**Health Professions/Primary Care**

- |  |   |
|--|---|
| <input type="checkbox"/> Pursuing a full-time course of study at a school of medicine, osteopathy, pharmacy, 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. (Use separate page to explain.) |
| <input type="checkbox"/> Pursuing 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.   |

**BORROWER'S VERIFICATION:** I declare that the information above is true and accurate. I agree to notify the Student Loan Office immediately if my status changes during this period. I further understand that some types of deferments may require additional documentation. When additional documentation is requested by the Student Loan Office, I will provide it within 10-days.

Signature of Borrower	Date
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**PART II - CERTIFICATION TO BE COMPLETED BY APPROPRIATE AUTHORITY**

I certify that the information stated in Part I above is true and correct. The borrower is/was engaged in the activity during the following dates: from \_\_\_\_\_ to \_\_\_\_\_. ***You MAY NOT have form certified before status begins. All forms must be completed at least annually. Student deferment forms must be submitted each semester, and may not be requested beyond the current school year.***

Signature (Registrar, Program Official, Commanding Officer, 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)	Telephone		

**PART III - LENDING INSTITUTION ACTION**

**SIGNATURE OF APPROVING OFFICIAL** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **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. If you have loans from more than one school, you must submit an original form for each school. You may not have form certified before status begins. All forms must be submitted at least annually. Student deferments should be filed each semester after classes begin.

### NDSL/Perkins/Institutional Loans

1. At least half-time enrollment. Form must be filed for each term.
2. Rehabilitation training. Submit proof of enrollment in rehabilitation program. For loans made before 7/1/93, eligibility for benefits begins on 10/1/98.
3. Graduate Fellowship Study. For loans made before 7/1/93, eligibility for benefits begins on 10/1/98.
4. Internship or residency program, if required to begin professional practice. Maximum benefit is two years. Not available on Perkins Loans made after 6/30/93.
5. Volunteer for tax-exempt organization. Maximum benefit is three years. Must be a full-time volunteer. Available on loans made before 7/1/93 only.
6. U.S. Armed Services. Maximum benefit is three years. For loans made on or before 6/30/93, deferment is for period in which you are engaged in service eligible for cancellation. (Service in hostile area that qualifies for special pay under Section 310 of Title 37 of the US Code.)
7. Officer in Public Health Service. Maximum benefit is three years. Available on loans made 10/1/80 to 6/30/93 only.
8. NOAAC. Maximum is three years. Available on Perkins loans made between 7/1/87 and 6/30/93 only.
9. Mother returning to work. Maximum benefit is one year. Available on Perkins loans made between 7/1/87 and 06/30/93 only.

### 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 a full-time student 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. A volunteer in the Peace Corps. There is a limit of three years combined eligibility for uniformed service and Peace Corps deferment.

### Health Profession/Primary Care Loans

1. Full-time enrollment in a course of study at a school of medicine, pharmacy, or veterinary medicine leading to a diploma, baccalaureate or equivalent degree.
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 must submit a 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 three 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 UW-Madison full time to complete your studies.

### INSTRUCTIONS

1. **When completing form, print in ink or type.**
2. **Complete Part I.** You may not have form certified before status begins. All forms must be completed at least annually. *Student deferment forms must be certified after classes begin. Student deferment forms must be submitted each semester, and may not be requested beyond the current school year.*
3. **Sign and date form.**
4. **Have form certified in Part II.** If an official seal or stamp is not available, the appropriate official must verify your status on letterhead stationery.
5. **Return form to the address listed below.**

◆ **YOU WILL BE NOTIFIED IF ANY INFORMATION IS MISSING** ◆

For general information on your loan(s), please visit your account at [www.ecsi.net](http://www.ecsi.net).

**RETURN FORM TO:** University of Wisconsin-Madison  
Student Loans Office  
333 East Campus Mall # 10501  
Madison, WI 53715-1383  
Phone (608) 262-1791  
Fax (608) 265-3201