

**REQUEST FOR DEFERMENT OF REPAYMENT  
NATIONAL DIRECT STUDENT LOAN PROGRAM  
FEDERAL PERKINS STUDENT LOAN PROGRAM**

**INSTRUCTIONS AND ELIGIBILITY CONDITIONS LISTED ON PAGE 2**

**PART 1 – GENERAL INFORMATION (to be completed by borrower)**

Borrower is responsible to advise UW-STOUT, Perkins Office, 715-232-1657, of current address

NAME OF BORROWER	SOCIAL SECURITY NUMBER
STREET ADDRESS	
CITY, STATE, ZIP	PHONE NUMBER (    )

Deferment is requested from \_\_\_\_\_ to \_\_\_\_\_. DO NOT have form certified before status begins.  
All forms must be completed each semester. Student deferments may not be requested beyond the current school quarter/semester.  
Check the type of deferment requested. Check only ONE box.

<input type="checkbox"/> ENROLLED AS AT LEAST A HALF-TIME STUDENT IN AN INSTITUTION OF HIGHER EDUCATION	<input type="checkbox"/> FULL TIME VOLUNTEER IN A TAX EXEMPT ORGANIZATION (Volunteer under Domestic Volunteer Service Act of 1973)
<input type="checkbox"/> PURSUING A COURSE OF STUDY IN A GRADUATE FELLOWSHIP TRAINING PROGRAM	<input type="checkbox"/> OFFICER IN COMMISSIONED CORPS OF U.S. PUBLIC HEALTH SERVICE
<input type="checkbox"/> PURSUING A COURSE OF STUDY IN REHABILITATION TRAINING PROGRAM FOR DISABLED INDIVIDUALS	<input type="checkbox"/> ON ACTIVE DUTY IN NATINAL OCEANIC AND ATMOSPHERIC ADMINISTRATION CORPS
<input type="checkbox"/> SERVING AN ELIGIBLE INTERNSHIP OR RESIDENCY (non-medical interns must include details on program)	<input type="checkbox"/> IN PEACE CORPS VOLUNTEER SERVICE
<input type="checkbox"/> MEMBER OF U.S. ARMED FORCES ON FULL-TIME ACTIVE DUTY	<input type="checkbox"/> MOTHER RE-ENTERING WORKFORCE (Mother of pre-school children, wage is less than \$1.00 above minimum wage.)
<input type="checkbox"/> TEMPORARILY TOTALLY DISABLE OR CARING FOR A DISABLED DEPENDENT (Include Physician's affidavit describing condition and its expected duration.)	

I claim exemption of principal and accrual of interest on my NSDL/Perkins loans during the period indicated.  
I agree to notify the lending institution immediately if my status changes during the period.

SIGNATURE OF BORROWER	DATE
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**Part II – CERTIFICATION (To be completed by appropriate officials)**

<input type="checkbox"/> ENROLLED AS AT LEAST A HALF-TIME STUDENT.	<input type="checkbox"/> A VOLUNTEER UNDER THE DVS ACT OF 1973.
<input type="checkbox"/> PURSUING A COURSE OF STUDY IN A REHABILITATION TRAINING PROGRAM FOR DISABLED INDIVIDUALS.	<input type="checkbox"/> OFFICER IN THE U.S. PUBLIC HEALTH SERVICE.S
<input type="checkbox"/> PURSUING A COURSE OF STUDY IN A REHABILITATION TRAINING PROGRAM FOR DISABLED INDIVIDUALS.	<input type="checkbox"/> ON ACTIVE DUTY IN NOAAC.
<input type="checkbox"/> SERVING AN ELIBIBLE INTERNSHIP OR RESIDENCY.	<input type="checkbox"/> IN THE PEACE CORPS VOLUNTEER SERVICE.
<input type="checkbox"/> MEMBER OF THE U.S. ARMED FORCES ON FULL-TIME ACTIVE DUTY.	<input type="checkbox"/> MOTHER RE-ENTERING WORKFORCE (whose compensation is less than \$1.00 above minimum wage.)
<input type="checkbox"/> MEMBER OF THE U.S. ARMED FORCES ON FULL-TIME ACTIVE DUTY	
<b>SPECIFIC DATES:</b> _____	OFFICIAL SEAL OR STAMP OF SCHOOL/ORGANIZATION (if none see instructions on back)
SIGNATURE (E.G., Registrar, Commanding) _____	
DATE _____	
NAME OF INSTITUTION OR ORGANIZATION _____	
ADDRESS (STREET, CITY, STATE AND ZIP CODE) _____	PHONE _____
ADDRESS (STREET, CITY, STATE AND ZIP CODE) _____	OPE CODE _____

**Part III - UW-STOUT USE ONLY**

	MONTH/YEAR	NO./MONTH	COMMENTS:
APPROVED	DEFER _____	_____	
NOT APPROVED	GRACE ENDS _____	_____	
SIGNATURE OF UNIVERSITY OFFICIAL _____		DATE: _____	