

PART I - TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK)

Name:	Social Security #:	Account Number(s):
Street Address:	Birth date:	
City:	State:	Zip Code:
PLEASE CHECK THIS BOX IF NEW ADDRESS		
Home Phone #:	Work Phone #:	Driver's License # and State:
Lending Institution	Date Left Lending Institution:	E-Mail Address:

DEFERMENT

BEGINNING (mm/dd/yy):	ENDING(mm/dd/yy):
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This is to certify that I am or was (check one only):

Altered dates will not be accepted.

(Please refer to your promissory note for specific eligibility requirements.)

FEDERAL PERKINS, PERKINS or NDSL

- at least a half-time student.
- in a Graduate Fellowship Study
- enrolled in a Rehabilitation Training Program
- pre-cancellation services. Type: _____
- a member of the US Armed Forces on active duty

- serving an internship or residency.

Type of program: _____

- a Peace Corps, VISTA, or ACTION volunteer
- a full-time volunteer in a tax-exempt organization
- active duty member of the US Armed Forces, Reserves, or National Guard in a war, military operation, or National Emergency (loans on or after July 1, 2001 only)

- in the National Oceanic/Atmospheric Administration
- a mother entering the workforce
- an officer in the US Public Health Service
- unable to work or attend school due to parental leave

NOTE: IF YOU OR YOUR SPOUSE IS TEMPORARILY TOTALLY DISABLED, YOU ARE SUPPORTING A DISABLED DEPENDENT, OR YOU ARE IN NEED OF A DEFERMENT/FORBEARANCE FOR FINANCIAL OR UNEMPLOYMENT REASONS, PLEASE CONTACT THE STUDENT LOAN DEPARTMENT AT THE ADDRESS LISTED BELOW TO OBTAIN FURTHER INFORMATION.

HEALTH PROFESSIONS STUDENT LOANS, & LDS

- pursuing a full-time course study towards a degree in health professions at any school of medicine, osteopathy, dentistry, pharmacy, podiatry, optometry, or veterinary medicine.
- receiving full-time advanced professional training in the field for which the loan was received
- an officer in the US Public Health Service Commissioned Corps.

- serving an internship or residency required prior to professional practice. **Type of program:** _____
- a Peace Corps volunteer
- on full-time active duty in a uniformed service. **Branch of service:** _____
- participating in a fellowship training program. (for loans made after 10/22/85 only)

THIS FORM IS INVALID WITHOUT: BORROWER'S SIGNATURE, ACCOUNT NUMBER, BEGINNING AND ENDING DATES, AND COMPLETE CERTIFICATION. I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE. I AGREE TO NOTIFY THE LENDING INSTITUTION UPON TERMINATION OF MY CLAIMED STATUS.

X

Borrower's Signature

Date

PART II - TO BE COMPLETED BY CERTIFYING OFFICIAL OR REGISTRAR (NOTARY PUBLIC CERTIFICATION NOT ACCEPTABLE)

I certify that the information stated above is correct.

X

Signature of Authorizing Official

Title

Date

OPEID #

Name and Address of Authorizing Organization

STATUS

- Full-time
- At least half-time
- Less than half-time

Deferment
Dates: (MM/DD/YY)

FROM:
TO:

Official Stamp
or Seal
If no stamp or seal is
available, please
provide letterhead
certification.

PHONE NUMBER: ()

RETURN FORM TO:

University of the Pacific • Student Loans Department
3601 Pacific Avenue • Stockton, CA 95211
(209) 946-2446 • studentloans@pacific.edu

PART III - FOR OFFICE USE ONLY

Approved Disapproved Reason: _____

Inst & Dash #	Def Type	Dates of Def	Int Rev	NPD	Past Due Amt	Period Due	Pre-Canc/Def End Date

PROCESSED BY: _____

TITLE: _____

DATE: _____