

REQUEST FOR DEFERMENT OF REPAYMENT

NURSING STUDENT LOAN (NSL)/HEALTH PROFESSIONS/ PRIMARY CARE LOAN (HPSL/PCL)

PART I –GENERAL INFORMATION TO BE COMPLETED BY BORROWER

Name:		Account Number(s):
Address:		
		Email address:
City:		Social Security Number (optional):
State:	Zip Code	Home Telephone: ()
D Check if this is a New Address		Employment Telephone: ()
Name of Lending Institution:		Cell Telephone: () <small>D I authorize UAS to contact me regarding my loan(s) at the number provided, including via the use of automated telephone dialing equipment or artificial or pre-recorded voice or text messages.</small>

Deferment is requested from _____ to _____ . You **MAY NOT** have form certified before status begins. **All forms must be completed at least annually.** **Student deferment 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**

Nursing Student Loans

Enrolled as at least a half-time student in an accredited nursing school of _____ Member of the Peace Corps.

Enrolled as a full-time student in a course of study leading to an advanced degree in nursing, or otherwise pursuing professional training. (From degree _____ to degree _____) Member of a uniformed service (including NOAAC and Public Health Service)

Health Professions/Primary Care/Loans for Disadvantaged Students

Pursuing a full time course of study at a school of medicine, osteopathy, dentistry, pharmacy, podiatry, optometry, or veterinary medicine leading to a diploma, baccalaureate degree or equivalent degree Interrupting my studies to pursue a directly related health educational profession activity

Pursuing advanced professional training including internships and residencies in the field of _____ Participating in a fellowship training program or related educational activities

Member of a uniformed service (including NOAAC and Public Health Service)

Member of the Peace Corps

(Certification is not required for Internship/Residency deferment on HPSL or PCL accounts. Name & Address of Institution must be entered in Part II below.)

I claim exemption from payment of principal and accrual of interest on my student loan during the period indicated above. I agree to notify the lending institution immediately if my status changes during this period.

Signature of Borrower _____ Date _____

PART II CERTIFICATION (To be completed by appropriate official)

I certify that the information stated in Part I 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	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 UAS USE ONLY FORM PROCESSED BY:	MONTH/YEAR	# MOS/CODE	PAST DUE AMOUNTS			
			PRINCIPAL	INTEREST	LATE	TOTAL
DEFER						
DEFER						
GE DATE						
DATE:	LETTER					

PART IV LENDING INSTITUTION ACTION

SIGNATURE OF APPROVING OFFICIAL _____ TITLE _____ DATE _____

DEFERMENT OF REPAYMENT

You may be 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. All forms must be submitted at least annually; student deferment requests should be filed each semester. If you have loans from the NDSL/Federal Perkins loan program, you must request deferment using the Deferment Request forms approved by the Department of Education. Please our web site at www.uasecho.com to download the forms or contact our office to request the forms be sent to you.

Nursing Student Loans

1. Enrolled as a least a half-time student in an accredited School of Nursing in a course of student 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 enhance your knowledge of and strengthen your skills in the provision of nursing services. Certificate programs are eligible in addition to advanced degree programs.
3. A volunteer in the Peace Corps. Maximum Benefit: 3 years combines eligibility for Uniformed Service and Peace Corps deferment
4. Serving in a Uniformed Service including the National Oceanic & Atmospheric Corps and the Public Health Service. Maximum Benefit: 3 years combined eligibility for Uniformed Service and Peace Corps deferment

Health Profession Loans / Primary Care Loans / Loans to Disadvantaged Students

5. Full time enrollment in a course of study at a school of medicine, osteopathy, dentistry, pharmacy, podiatry, optometry, or veterinary medicine leading to a diploma, baccalaureate or equivalent. For LDS accounts, the school you currently attend must participate in the LDS program
6. Full time pursuit of advanced professional training (APT). 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 may self-certify Section II on the front of this form. You must submit a form on each academic year.
7. Participating in a Fellowship Training Program or other Related Education Activity. You may begin either activity prior to the completion of your advanced professional training, but not later than 12 months after completing APT, internship, residency, or undergraduate work. Fellowship must be a full time activity in research, research training, or health care policy. Related Education Activity must be part of a joint degree program or an activity that is required for licensure, registration, or certification, or a full time education program in public health, health administration, or health care discipline. These activities must be related to the discipline for which you received your loan. Maximum Benefit: 2 years.
8. Interruption of Studies to pursue a directly-related Health Profession education activity. The activity must be related to the discipline for which you received your loan. You must intend to return to the lending institution (school) full time to complete your studies.
9. 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: 3 years.
10. A volunteer in the Peace Corps. Your original grace period must expire before benefits can be granted. Maximum Benefit: 3 years.

INSTRUCTIONS

1. **PRINT IN INK OR TYPE.**
2. **Complete Part I.**
3. **Sign and date the form.**
4. **Have the form certified in Part II. If an official seal or stamp of the organization is not available, the appropriate official must verify your status on organization letterhead. Student deferment forms must be certified after classes begin.**
5. **YOUR FORM WILL BE RETURNED UNPROCESSED IF ANY REQUIRED INFORMATION IS MISSING.**

SEND FORMS TO:

University Accounting Service

PO Box 918

Brookfield, WI 53008-0932

800-999-6227

