

REQUEST FOR DEFERMENT - FEDERAL PERKINS LOAN, NURSING STUDENT LOAN, HEALTH PROFESSIONS STUDENT LOAN, LOANS FOR DISADVANTAGED STUDENTS

www.heartlandecsi.net

(Please complete in ink)

Name	Lending Institution	16 digit Account Number
Address		
Home phone: ()	Dates Requested (mm/dd/yy):	Return Form to:
Work Phone: ()	Begin Date: _____	UCSF - Controller's Office
Cell Phone: ()	End Date: _____	Attn: Student Accounts - Box 0815
Email:		1855 Folsom Street, Suite MCB425
Driver's License #/State	Birthdate:	San Francisco, CA 94143-0815

You may qualify for one of the following deferment benefits, even if they are not specifically listed in your original promissory note. Please visit our website for further information or clarification: www.heartlandecsi.net

<p>Perkins Deferment Conditions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> At least half-time student <input type="checkbox"/> Enrolled in a Rehabilitation Training Program <input type="checkbox"/> Graduate Fellowship <input type="checkbox"/> Unemployment <input type="checkbox"/> Military Service (combat) Branch of Service: _____ <input type="checkbox"/> Military Operations <input type="checkbox"/> Military Demobilization <input type="checkbox"/> Performing Service eligible for Cancellation <input type="checkbox"/> Other: _____ (Only for loans received prior to July 1, 1993) <p>Name of School or Employing Agency _____</p> <p>City _____ State _____ Zip _____</p>	<p>Health Professions Deferment Conditions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pursuing a full-time course of study toward a degree in health professions <input type="checkbox"/> Internship/Residency prior to professional practice Program: _____ <input type="checkbox"/> Fellowship Training Program <input type="checkbox"/> Advanced Professional Training <input type="checkbox"/> Peace Corps Volunteer <input type="checkbox"/> Officer in the US Public Health Services Commissioned Corps <input type="checkbox"/> Military Service (active duty): Branch of Service _____ <p>Nursing Deferment Conditions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> At least half-time in a Nursing Program <input type="checkbox"/> Advanced Professional Training <input type="checkbox"/> Peace Corp/Volunteer <input type="checkbox"/> Military Service (active duty): Branch of Service _____
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I declare that the information shown above is true and accurate. I further declare that I will notify my lender immediately upon any change in my status. If I am unable to complete the year for which I have applied for deferment, I will begin loan repayment immediately.

Borrower Signature: _____ Date: _____

<p>CERTIFICATION of DEFERMENT STATUS</p> <p>Name of School/Unit/Employer: _____</p> <p>Address: _____</p> <p>Phone: () _____</p> <p><input type="checkbox"/> I certify that the information stated above is correct.</p> <p>Status : _____ Full Time _____ OPEID# _____ _____ At least Half-Time _____ Less than Half-Time</p> <p>Dates - From: _____ To: _____</p> <p>Signature of Certifying Official: _____</p> <p>Title of Certifying Official: _____</p> <p>Date: _____</p>	<p>Official Stamp or Seal</p> <p>(If no stamp or seal is available, please provide supporting documentation on official letterhead)</p> <hr/> <p>INTERNAL USE ONLY:</p> <p><input type="checkbox"/> Deferment Approved/Processed</p> <p>Date Processed: _____</p> <p>Processor: _____</p>
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