



REQUEST FOR DEFERMENT OF REPAYMENT

NATIONAL DEFENSE STUDENT LOAN PROGRAM
 NATIONAL DIRECT STUDENT LOAN PROGRAM
 FEDERAL PERKINS STUDENT LOAN PROGRAM

INSTRUCTIONS & ELIGIBILITY CONDITIONS LISTED ON BACK OF FORM: PLEASE PRINT IN INK OR TYPE

PART I - GENERAL INFORMATION (To be completed by borrower)

ACCOUNT NUMBER	NAME OF LENDING INSTITUTION SAINT MARY'S UNIVERSITY OF MINNESOTA 700 Terrace Heights #13, Winona, MN 55987-1399
NAME OF BORROWER (Last, First, MI)	SOCIAL SECURITY NUMBER
STREET ADDRESS CITY, STATE, ZIP CODE	PHONE NUMBER () <input type="checkbox"/> CHECK HERE IF NEW ADDRESS OR PHONE
DEFERMENT IS REQUESTED FROM _____ TO _____ ALL FORMS MUST BE COMPLETED AT LEAST ANNUALLY. STUDENT DEFERMENT MAY NOT BE REQUESTED BEYOND THE CURRENT SCHOOL YEAR.	
CHECK THE TYPE OF DEFERMENT REQUESTED. MARK ONLY ONE BOX.	
<input type="checkbox"/> ENROLLED AS AT LEAST A HALF-TIME REGULAR STUDENT IN AN INSTITUTION OF HIGHER EDUCATION <input type="checkbox"/> PURSUING A COURSE OF STUDY IN A GRADUATE FELLOWSHIP TRAINING PROGRAM <input type="checkbox"/> PURSUING A COURSE OF STUDY IN A REHABILITATION TRAINING PROGRAM <input type="checkbox"/> SERVING AN ELIGIBLE INTERNSHIP OR RESIDENCY (non-medical interns must include details on program) <input type="checkbox"/> MEMBER OF U.S. ARMED FORCES ON FULL TIME ACTIVE DUTY	<input type="checkbox"/> OFFICER IN COMMISSIONED CORPS OF U.S. PUBLIC HEALTH SERVICE <input type="checkbox"/> ON ACTIVE DUTY IN NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION CORPS <input type="checkbox"/> IN PEACE CORPS OR ACTION VOLUNTEER SERVICE <input type="checkbox"/> TEMPORARILY TOTALLY DISABLED OR CARING FOR A DISABLED DEPENDENT
I CLAIM EXEMPTION FROM PAYMENT OF PRINCIPAL AND ACCRUAL OF INTEREST ON MY NDSL/PERKINS LOANS 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 PERSON NAMED ABOVE IS (HAS):	
<input type="checkbox"/> ENROLLED AS AT LEAST A HALF-TIME REGULAR STUDENT <input type="checkbox"/> PURSUING A COURSE OF STUDY IN A GRADUATE FELLOWSHIP TRAINING PROGRAM <input type="checkbox"/> ON ACTIVE DUTY IN NOACC <input type="checkbox"/> PURSUING A COURSE OF STUDY IN A REHABILITATION TRAINING <input type="checkbox"/> MEMBER OF THE U.S. ARMED FORCES ON FULL TIME ACTIVE DUTY	<input type="checkbox"/> OFFICER IN THE U.S. PUBLIC HEALTH SERVICE <input type="checkbox"/> TEMPORARILY/TOTALLY DISABLED OR CARING FOR A DISABLED DEPENDANT <input type="checkbox"/> SERVING AN ELIGIBLE INTERNSHIP OR RESIDENCY <input type="checkbox"/> IN PEACE CORPS VOLUNTEER SERVICE PROGRAM
SPECIFIC DATES: FROM _____ TO _____	
SIGNATURE OF REPRESENTATIVE	DATE
NAME OF INSTITUTION OR ORGANIZATION ADDRESS (CITY, STATE, AND ZIP CODE)	OFFICIAL SEAL OR STAMP OF SCHOOL ORGANIZATION (If none, see instructions on back)

INSTRUCTIONS:

1. PLEASE PRINT IN INK OR TYPE.
2. Complete Part I.

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 official letterhead stationery. Student deferment forms must be certified after classes begin. **FORMS WILL BE RETURNED IF ANY INFORMATION IS MISSING.**

PLEASE RETURN TO:

**SAINT MARY'S UNIVERSITY OF MINNESOTA
 FEDERAL PERKINS LOAN PROGRAM
 700 TERRACE HEIGHTS #13
 WINONA, MN 55987-1399**

ELIGIBILITY REQUIREMENTS FOR DEFERMENT OF REPAYMENT

You are eligible for deferment of repayment under the conditions listed below. 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 lending institution, you must submit separate original forms for each school. All forms must be submitted annually.

DEFERMENT CONDITION	All Loans Disbursed on or after 7-1-93	Federal Perkins Disbursed on or after 7-1-87 but before 7-1-93	National Direct Disbursed on or after 10-1-80 but before 7-1-93	National Direct Disbursed before 10-1-80
Half Time Student (Form may be required for each term)	Y	Y	Y	Y
Rehabilitation Training	Y	N	N	N
Graduate Fellowship	Y	N	N	N
Internship/Residency	N	2 Years	2 Years	N
Peace Corp/Action	Y	3 Years	3 Years	3 Years
Full-time volunteer for tax-exempt organization (Include verification of full time status for at least one year and organization's tax exempt number)	N	3 Years	3 Years	N
U.S. Armed Services On full time active duty	Y	3 Years	3 Years	3 Years
Officer Commissioned Corps of Public Health Service	N	3 Years	3 Years	N
National Oceanic & Atmospheric Administration Corp	N	3 Years	N	N
Temporary Total Disability	N	3 Years	3 Years	N
Care of temp. totally disabled dependent	N	3 Years	3 Years	N

This chart is for reference only. Eligibility will be determined by the institution based on the information received and the regulations that apply. Please contact the Perkins Office in Student Services at 1-877-304-4273, ext. 6670 or 507-457-6670 with any questions regarding eligibility.