

**REQUEST FOR DEFERMENT OF REPAYMENT  
PRIMARY CARE LOANS AND LOANS FOR DISADVANTAGED STUDENTS**

You are eligible for deferment of repayment under the conditions listed on the reverse side of this page. 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. Deferment forms must be submitted at least annually.

**INSTRUCTIONS: Print in ink or type. Complete Part I. Sign and date form. Have form certified in Part II. If an official seal is not available, the appropriate official must verify your status on letterhead stationery.**

**Part I - To be completed by borrower**

Name of Borrower: \_\_\_\_\_ Account Number (14 digits): \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Telephone: \_\_\_\_\_

Deferment is requested from \_\_\_\_\_ to \_\_\_\_\_. You MAY NOT have form certified before status begins.  
month/day/year month/day/year

**Check the box for the type of deferment requested. Mark only ONE box.**

- 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.
- Pursuing advanced professional training, including internships and residencies, in the field of \_\_\_\_\_.
- Participating in a fellowship training program or related educational activities.
- Interrupting my studies to pursue a directly related health profession educational activity.
- Member of a uniformed service (including NOAAC and Public Health Service).
- Member of the Peace Corps.

**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 \_\_\_\_\_.  
month/day/year month/day/year

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Registrar, Commanding Officer, Program Official, etc.)

Name of Institution or Organization: \_\_\_\_\_ OPE Code: \_\_\_\_\_

Affix Official Seal or Stamp of School or Organization  
(If none is available, please verify on letterhead stationery)

SEAL

**Eligibility for Primary Care Loans (PCL) and Loans for Disadvantaged Students (LDS) Deferment:**

- ◆ 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 degree. For LDS accounts, the school you are now attending must participate in the LDS program.
- ◆ Full-time pursuit of advanced professional training. (For PCL loans, the training must be within the discipline for which you received your PCL loan.) Your original grace period must expire before benefits can be granted. You must submit a form on an annual basis.
- ◆ Participating in a Fellowship Training Program or other related education activity. You may begin either activity prior to the completion of advanced professional training (APT), but no later than 12 months after completion of the APT, internship, residency or undergraduate work. Fellowship must be a full-time activity in research, research training or health care policy. "Related educational activities" must be part of a joint degree program or activity that is required for licensure, registration or certification or a full-time educational 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 is 2 years.
- ◆ Serving in a uniformed service including the National Oceanic and Atmospheric Corps and the Public Health Service. Your original grace period must expire before benefits can be granted. Maximum benefit is 3 years.
- ◆ A volunteer in the Peace Corps. Your original grace period must expire before benefits can be granted. Maximum benefit is 3 years. Interruption of studies to pursue a directly related health professional education activity. The activity must be related to the discipline for which you received a loan. You must intend to return to the lending institution full-time to complete your studies.

**Return completed form to:**

**SIU School of Medicine  
Office of Student Affairs  
Attn: Financial Aid  
P.O. Box 19624  
Springfield, IL 62794-9624**