

**FEDERAL PERKINS LOAN  
Request for Deferment of Repayment**

**PART 1 – TO BE COMPLETED BY BORROWER**

<b>NAME</b>	<b>SOCIAL SECURITY NUMBER</b>
<b>ADDRESS</b>	<b>RETURN FORM TO :</b> <b>OREGON STATE UNIVERSITY</b> <b>STUDENT LOAN OFFICE</b> <b>P.O. BOX 1086</b> <b>CORVALLIS OR 97339-1086</b> ***** <b>(541) 737-3778</b> <b>(541) 737-4099 (fax)</b> <b>student.loans@oregonstate.edu</b>
<b>E-MAIL ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	

**THIS FORM IS TO CERTIFY THAT I AM: (CHECK ONE)**

- Enrolled and attending as a regular student in at least a half-time course of study at an eligible school (Institutional Loans may defer principal only);
- Enrolled and attending as a regular student in a graduate fellowship program approved by the Secretary of Education;
- Engaged in a graduate or post-graduate fellowship-supported study outside the United States;
- Enrolled and attending a rehabilitation training program for disabled individuals approved by the Secretary of Education.

**THE FOLLOWING DEFERMENTS ARE LIMITED TO FEDERAL PERKINS LOANS MADE BEFORE 7/1/93:**

- On full-time active duty as a member of the Armed Forces of the United States (limit three years);
- On full-time active duty as an officer in the Commissioned Corps of the U.S. Public Health Service (limit three years);
- As a full-time volunteer in a service determined by the Secretary of Education to be comparable to service under the Peace Corps or the Domestic Volunteer Service Act of 1973 (limit three years);
- On full-time active duty as a member of the National Oceanic and Atmospheric Administration (limit three years);
- Serving in an internship or residency program leading to a degree or certificate awarded by an institution of higher education, a hospital, or a health care facility that offers postgraduate training (limit two years);
- Serving in an internship which is required to begin professional practice or service (limit two years).

**DEFERMENT BEGINNING DATE** \_\_\_\_\_ **DEFERMENT ENDING DATE** \_\_\_\_\_

**EXPECTED COMPLETION OR GRADUATION DATE** \_\_\_\_\_

I claim exemption from payment of principal and accrual of interest on my Federal Perkins Loan during the period indicated above.  
I agree to notify Oregon State University immediately upon termination of my claimed status.

\_\_\_\_\_  
**SIGNATURE OF BORROWER**

\_\_\_\_\_  
**DATE**

**PART 2 – CERTIFICATION (TO BE COMPLETED BY BORROWER'S APPROPRIATE OFFICIAL)**

**I CERTIFY THAT THE INFORMATION IN THE ABOVE SECTION IS TRUE AND CORRECT.**

\_\_\_\_\_  
**SIGNATURE** (REGISTRAR, COMMANDING/SERVICE OFFICER, OR SUPERVISOR)

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**NAME OF INSTITUTION OR ORGANIZATION**

\_\_\_\_\_  
**PHONE NUMBER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**ADDRESS** (STREET,CITY,STATE,ZIP)

**PART 3 – TO BE COMPLETED BY OREGON STATE UNIVERSITY**

**APPROVED**

**DISAPPROVED**      **REASON** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF LOAN OFFICER**

\_\_\_\_\_  
**DATE**