



EDU

EDUCATION RELATED DEFERMENT REQUEST

Federal Family Education Loan Program

OMB No. 1845-0005
Form Approved
Exp. Date 06/30/2002

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. §1097.

SECTION 1: BORROWER IDENTIFICATION

Please correct or, if information is missing, enter below. If a correction, check this box:

SSN [] [] [] - [] [] [] - [] [] [] [] [] []

Name _____

Address _____

City, State, Zip _____

Telephone - Home () _____

Telephone - Other () _____

SECTION 2: DEFERMENT REQUEST

Before answering any questions, carefully read the entire form, including the instructions and other information in Sections 5 and 6.

■ I meet the qualifications stated in Section 6 for the deferment checked below and request that my loan holder defer repayment of my loan(s):

For all FFEL Program borrowers:

While I am engaged in a full-time course of study in a **GRADUATE FELLOWSHIP** program.

While I am engaged in a full-time **REHABILITATION TRAINING** program.

For borrowers with an outstanding balance on at least one FFEL Program loan that was made before July 1, 1993:

While I am engaged in an **INTERNSHIP/RESIDENCY*** program at the following type of institution (check the appropriate box):

Institution of higher education, hospital, or health care facility.

Any other institution or organization. Name of Internship/Residency program _____

* Federal PLUS Loans qualify for INTERNSHIP/RESIDENCY deferments only if they were made **before August 15, 1983.**

While I am teaching in a designated **TEACHER SHORTAGE AREA.****

** Only Federal Stafford and SLS borrowers whose first loans were made **on or after July 1, 1987 and before July 1, 1993** are eligible for TEACHER SHORTAGE AREA deferments.

SECTION 3: BORROWER UNDERSTANDINGS AND CERTIFICATIONS

■ I understand that: (1) Principal payments will be deferred, but if I have an unsubsidized loan, I am responsible for paying the interest that accrues.

(2) I have the option of making interest payments on my unsubsidized loan(s) during my deferment. I may choose to make interest payments by checking the box below; unpaid interest that accrues will be capitalized by my loan holder.

I wish to make interest payments on my unsubsidized loan(s) during my deferment.

(3) My deferment will begin on the date the deferment condition began. (4) My deferment will end on the earlier of the date that the condition that establishes my deferment eligibility ends or the certified deferment end date. (5) My loan holder will not grant this deferment request unless all applicable sections of this form are completed and any required additional documentation is provided. (6) If my deferment does not cover all my past due payments, my loan holder may grant me a forbearance for all payments due before the begin date of my deferment or — if the period for which I am eligible for a deferment has ended — a forbearance for all payments due at the time my deferment request is processed. (7) If I have used all 24 months allowed for an INTERNSHIP/RESIDENCY Deferment, I can apply for a forbearance for up to 12 months at a time for the remainder of my internship/residency program.

(8) If I am eligible for a post-deferment grace period on loans made before October 1, 1981, my loan holder may grant me a forbearance on my other loans for this period so that I can begin repayment of all my loans at the same time. I understand that my loan holder may capitalize the interest that accrues on my other loans during the six-month period and that this will increase the principal balance of my other loans. (9) My loan holder may grant me a forbearance on my loans for up to 60 days, if necessary, for the collection and processing of documentation related to my deferment request. Interest that accrues during the forbearance will not be capitalized.

■ I certify that: (1) The information I provided in Sections 1 and 2 above is true and correct. (2) I will provide additional documentation to my loan holder, as required, to support my deferment status. (3) I will notify my loan holder immediately when the condition(s) that qualified me for the deferment ends. (4) I have read, understand, and meet the eligibility criteria of the deferment for which I have applied, as explained in Section 6.

Borrower's Signature _____

Date _____

SECTION 4: AUTHORIZED OFFICIAL'S CERTIFICATION

I certify, to the best of my knowledge and belief, that the borrower named above is/was engaged in the program/teaching service indicated in Section 2, and that the borrower and the borrower's program/teaching service meet all of the eligibility requirements specified in Section 6. The borrower's program/teaching service begins/began on [] [] [] - [] [] [] - [] [] [] [] [] [] and is expected to end/ended on [] [] [] - [] [] [] - [] [] [] [] [] [] .

Teacher Shortage Area Deferment Only

The borrower is/was teaching in (area/curriculum) _____, which is a shortage area designated by the U.S. Secretary of Education for the state of _____ for the school year beginning on [] [] [] - [] [] [] - [] [] [] [] [] [] and ending on [] [] [] - [] [] [] - [] [] [] [] [] [] .

The borrower is/was teaching grade level _____ .

Name of Institution _____ OPE-ID (if applicable) _____

Address _____ City, State, Zip _____

Name/Title of Authorized Official _____ Telephone () _____

Authorized Official's Signature _____

Date _____

SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM

Type or print using dark ink. Report dates as month-day-year (MM-DD-YYYY). For example, 'January 1, 1999' = '01-01-1999'. An authorized official must complete Section 4. If you need help completing this form, contact your loan holder.

Return the completed form and any required documentation to the address shown in Section 7.

SECTION 6: DEFINITIONS / ELIGIBILITY CRITERIA FOR EDUCATION RELATED DEFERMENT REQUEST

Definitions

- The **Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- A **deferment** is a period during which I am entitled to postpone repayment of the principal balance of my loan(s). The federal government pays the interest that accrues during an eligible deferment for all subsidized Federal Stafford Loans and for Federal Consolidation Loans for which the Consolidation loan application was received by my loan holder **(1)** on or after January 1, 1993 but before August 10, 1993, **(2)** on or after August 10, 1993, if it includes **only** Federal Stafford Loans that were eligible for federal interest subsidy, or **(3)** on or after November 13, 1997, for that portion of the Consolidation loan that paid a subsidized Federal Stafford Loan or a Federal Direct Stafford/Ford (Direct Subsidized) Loan. I am responsible for the interest that accrues during this period on all other FFEL Program loans.
- **Forbearance** means permitting the temporary cessation of payments, allowing an extension of time for making payments, or temporarily accepting smaller payments than previously scheduled. I am responsible for paying the interest on my loan(s) during a forbearance.
- The **holder** of my FFEL Program loan(s) may be a lender, guaranty agency, secondary market, or the U.S. Department of Education.
- **Capitalization** is the addition of unpaid interest to the principal balance of my loan. This will increase the principal and the total cost of my loan.
- **Authorized certifying officials:**
 - Authorized Graduate Fellowship Program Official
 - Rehabilitation Training Program Official
 - Internship/Residency Program Official (for all internships and residencies)
 - State Licensing Official (for internships required to begin professional practice or service)*
 - Chief School Administrator (for borrowers teaching in teacher shortage areas; additional certification may be required if the Chief State School Office has not provided a list of approved shortage areas to school administrators)

* **NOTE:** Certification by a state licensing official, if required, must be provided on a separate statement attached to this form.

Eligibility Criteria

GRADUATE FELLOWSHIP and REHABILITATION TRAINING Deferments

I may defer repayment of my loan(s) while I am:

- Engaged in a full-time course of study in a **GRADUATE FELLOWSHIP** program. To qualify: **(1)** My graduate fellowship program must **(a)** provide sufficient financial support to allow for full-time study for a period of at least six months; **(b)** require, prior to the awarding of financial support, a written statement from each applicant which explains the applicant's objectives; **(c)** require a graduate fellow to submit periodic reports, projects, or other evidence of the graduate fellow's progress, and **(d)** in the case of a course of study at a foreign university, accept the course of study for completion of the fellowship program. **(2)** I must **(a)** hold at least a Bachelor's Degree conferred by an institution of higher education, and **(b)** have been accepted or recommended by an institution of higher education for acceptance into the graduate fellowship program on a full-time basis. **(3)** If I am in a medical internship or residency program, I am not eligible for this deferment.
- Engaged in a full-time **REHABILITATION TRAINING** program. To qualify, **(1)** My training program must: **(a)** be licensed, approved, certified or recognized as providing rehabilitation training to disabled individuals by the Department of Veterans Affairs or a state agency responsible for vocational rehabilitation, drug abuse treatment, mental health services, or alcohol abuse treatment programs; **(b)** provide services under a written individualized plan that specifies the date the services are expected to end; and **(c)** be structured in a way that requires a substantial commitment by me to my rehabilitation. ("Substantial commitment" means a commitment of time and effort that would normally prevent a person from being employed 30 or more hours per week in a position expected to last at least three months.) **(2)** I must be either receiving, or scheduled to receive, these rehabilitation services.

INTERNSHIP/RESIDENCY and TEACHER SHORTAGE AREA Deferments

To qualify:

- I must have an outstanding balance on at least one FFEL Program loan which was made **before July 1, 1993**. If I am a Federal PLUS Loan borrower, **(1)** I am eligible for the INTERNSHIP/RESIDENCY Deferment only on PLUS loans made **before August 15, 1983**, and **(2)** I am not eligible for the TEACHER SHORTAGE AREA Deferment. I am eligible for the TEACHER SHORTAGE AREA deferment only if I am a Federal Stafford or SLS loan borrower whose first FFEL Program loan was made **on or after July 1, 1987 and before July 1, 1993**.

I may defer repayment of my loan(s) while I am:

- Engaged in an **INTERNSHIP/RESIDENCY** program. (Maximum eligibility is two years; borrowers may request forbearance for the remainder of a medical or dental internship/residency program. Dental Interns/Residents are encouraged to apply for an IN-SCHOOL Deferment.) To qualify: **(1)** I must have been accepted into an internship/residency program which must **(a)** be a supervised training program, and **(b)** require that I hold at least a Bachelor's Degree before acceptance into the program. **(2)** In addition, my program must either **(a)** lead to a degree or certificate from an institution of higher education, a hospital, or a health care facility that offers postgraduate training, or **(b)** be required before I may be certified for professional practice or service. **(3) If my program does not lead to a degree or certificate, but is required before I may be certified for professional practice or service, I must also provide (attached to this form) a separate statement from the appropriate state licensing agency certifying this requirement, in addition to the Authorized Official's Certification in Section 4.**
- Teaching in a designated **TEACHER SHORTAGE AREA**. (Maximum eligibility is three years; borrowers must reapply each school year.) To qualify, I must teach full-time in a public or non-profit private elementary or secondary school in a geographic region, grade level, academic, instructional subject matter or discipline classified shortage area as defined by the U.S. Department of Education. (I will contact my Chief School Administrator or Chief State School Officer for a list of my state's shortage areas.) I may reapply for a continuation of this deferment even if my teaching area is no longer classified as a shortage area.

SECTION 7: WHERE TO SEND THE COMPLETED DEFERMENT REQUEST

**RETURN THE COMPLETED DEFERMENT REQUEST AND ANY REQUIRED DOCUMENTATION TO:
(IF NO ADDRESS IS SHOWN, RETURN TO YOUR LOAN HOLDER)**

SECTION 8: IMPORTANT NOTICES

Privacy Act Disclosure Notice

The Privacy Act of 1974 (5 U.S.C. §552a) requires that we disclose to you the following information:

The authority for collecting this information is §421 *et seq.* of the Higher Education Act of 1965, as amended (the HEA) (20 U.S.C. §1071 to 1087-2). The principal purpose for collecting this information is to determine whether you are eligible for a deferment on your loan(s) under the Federal Family Education Loan (FFEL) Program.

We ask that you provide the information requested on this deferment request on a voluntary basis. However, you must provide all of the requested information so that the holder(s) of your loan(s) can determine whether you qualify for a deferment.

The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12, 1994, *Federal Register*, Vol. 59, p. 17351) and "National Student Loan Data System" (originally published on December 20, 1994, *Federal Register*, Vol. 59, p. 65532). Thus, this information may be disclosed to parties that we authorize to assist us in administering the federal student aid programs, including contractors that are required to maintain safeguards under the Privacy Act. Disclosures may also be made for verification of information, determination of eligibility, enforcement of conditions of the loan or grant, debt collection, and the prevention of fraud, waste, and abuse and these disclosures may be made through computer matching programs with other federal agencies. Disclosures may be made to determine the feasibility of entering into computer matching agreements. We may send information to members of Congress if you ask them in writing to help you with federal student aid questions. If we are involved in litigation, we may send information to the Department of Justice (DOJ), a court, adjudicative body, counsel, or witness if the disclosure is related to financial aid and certain other conditions are met. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for consideration of action and we may disclose to DOJ to get its advice related to the Title IV, HEA programs or questions under the Freedom of Information Act. Disclosures may be made to qualified researchers under Privacy Act safeguards. In some circumstances involving employment decisions, grievances, or complaints or involving decisions regarding the letting of a contract or making of a grant, license, or other benefit, we may send information to an appropriate authority. In limited circumstances, we may disclose to a federal labor organization recognized under 5 U.S.C. Chapter 71.

Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20 U.S.C. §1091(a)(4)) provides that, in order to receive any grant, loan, or work assistance under Title IV of the HEA, a student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loan(s) so that data may be recorded accurately.

Paperwork Reduction Notice

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0005. The time required to complete this information collection is estimated to average 0.16 hours (10 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. ***If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:***

U.S. Department of Education, Washington, DC 20202-4651.

If you have any comments or concerns regarding the status of your individual submission of this form, write directly to the address shown in Section 7.