

REQUEST FOR DEFERMENT OF REPAYMENT

FEDERAL PERKINS (NDSL) STUDENT LOAN/ NURSING STUDENT LOAN (NSL)/HEALTH PROFESSIONS/ PRIMARY CARE LOAN (HPSL/PCL)

PART I –GENERAL INFORMATION TO BE COMPLETED BY BORROWER

Name:		Account Number(s) (14 digits):	
Address:		<input type="checkbox"/> Serving an eligible internship or residency <input type="checkbox"/> Enrolled and in attendance as a regular student program of study that is part of a graduate fellowsh	
City:		<input type="checkbox"/> Full time volunteer in a tax exempt organization <input type="checkbox"/> Engaged in a graduate or postgraduate fellowsh	
State:		<input type="checkbox"/> Social Security Number (optional): <input type="checkbox"/> Fullbright study outside the United States, such	
Zip Code:	<input type="checkbox"/> Officer in Commissioned Corps of US Public Health Service <input type="checkbox"/> On active duty in Natrional Oceanic and	<input type="checkbox"/> Home Telephone: <input type="checkbox"/> Employment Telephone: () <input type="checkbox"/> Participating in a medical fellowship-training program. (See requirements on back of this form)	
<input type="checkbox"/> Check if this is a New Address			
Name of Lending Institution:		Atmospheric Administration Corps	

Nursing Student Loans

- Enrolled as at least a half-time student in an accredited school of nursing
- Enrolled as a full-time student in a course of study leading to an professional training (king degree) otherwise pursuing advanced to degree _____
- Member of the Peace Corps.
- Member of a uniformed service (including NOAAC and Public Health Service)

Health Professions/Primary Care/Loans for Disadvantaged Students

DEFERMENT OF REPAYMENT

You are eligible for deferment of repayment under the conditions listed. During periods of deferment, principal is not due and interest does not accrue. It is your responsibility to submit forms on time; f