



EDUCATION RELATED DEFERMENT REQUEST

William D. Ford Federal Direct Loan Program

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

OMB No. 1845-0011
Form Approved
Exp. Date 06/30/2005

EDU

SECTION 1: BORROWER IDENTIFICATION

Last Name	First Name	Middle Initial	Social Security Number
Street Address			Area Code/Telephone Number (home) ()
City			Area Code/Telephone Number (other) ()
State	Zip Code	E-mail Address (optional)	

SECTION 2: DEFERMENT REQUEST

Before completing this form, carefully read the entire form, including the instructions and other information in Sections 5, 6, and 7.

I meet the eligibility requirements stated in Section 7 for the deferment checked below and request that the U.S. Department of Education (ED) defer repayment of my loan(s) while:

- I am in a full-time course of study in a **GRADUATE FELLOWSHIP** program.
- I am in a full-time **REHABILITATION TRAINING** program.

NOTE: You are eligible for the **INTERNSHIP / RESIDENCY, TEACHER SHORTAGE AREA, and PLUS BORROWER WITH DEPENDENT STUDENT** deferments only if, at the time you received your first Direct Loan, you had an outstanding balance on a Federal Family Education Loan (FFEL) Program loan that was made before July 1, 1993. Direct PLUS Loan and Direct PLUS Consolidation Loan borrowers are not eligible for the **TEACHER SHORTAGE AREA** deferment.

- I am in an **INTERNSHIP / RESIDENCY** program at an institution of higher education, hospital, or health care facility.
- I am in an **INTERNSHIP / RESIDENCY** program at any other institution or organization. Name of program: _____
- I am teaching in a designated **TEACHER SHORTAGE AREA**.
- The **STUDENT** (named below) **FOR WHOM I BORROWED A DIRECT PLUS LOAN IS DEPENDENT** and is (check the appropriate box):
 - Enrolled at least half-time at an eligible school.
 - In a full-time rehabilitation training program.

STUDENT'S NAME _____ STUDENT'S SSN |_|_|_|-|_|_|-|_|_|_|_|

SECTION 3: BORROWER UNDERSTANDINGS AND CERTIFICATIONS

- I understand that the following terms and conditions apply to this deferment:
 - (1) I am not required to make payments of loan principal during my deferment. No interest will be charged on my subsidized loan(s) during my deferment. However, interest will be charged on my unsubsidized loan(s). For any unsubsidized loan(s), I will receive a quarterly interest statement, and I may pay the interest at any time. If I do not pay the interest that accrues on my unsubsidized loan(s), it will be capitalized at the end of my deferment period.
 - (2) My deferment will begin on the date the condition that qualifies me for the deferment began, as certified by the authorized official who completes Section 4 of this form.
 - (3) My deferment will end on the earlier of (A) the date that I no longer meet the condition that qualifies me for the deferment, or (B) the ending date of that condition as certified by the authorized official who completes Section 4 of this form.
 - (4) If my deferment does not cover all of my past due payments, ED may grant me a forbearance for all payments that were due before the begin date of my deferment. If the period for which I am eligible for a deferment has ended, ED may grant me a forbearance for all payments that are due at the time my deferment request is processed.
 - (5) ED 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. ED will not capitalize interest that accrues during this forbearance.
- I certify that:
 - (1) The information I have provided on this form is true and correct.
 - (2) If I am requesting an **INTERNSHIP / RESIDENCY, TEACHER SHORTAGE AREA, or PLUS BORROWER WITH DEPENDENT STUDENT** deferment, at the time I obtained my first Direct Loan, I had an outstanding balance on a FFEL Program loan that was made before July 1, 1993.
 - (3) I will provide additional documentation to the Direct Loan Servicing Center, as required, to support my eligibility for this deferment.
 - (4) I will notify the Direct Loan Servicing Center immediately if I no longer meet the condition that qualifies me for this deferment.
 - (5) I have read, understand, and meet the eligibility requirements of the deferment for which I have applied.

BORROWER'S SIGNATURE _____ DATE _____

SECTION 4: AUTHORIZED OFFICIAL'S CERTIFICATION

I certify, to the best of my knowledge and belief, that the borrower or student named above is/was engaged in the activity indicated in Section 2, and that the borrower/student and the program/teaching service meet all of the eligibility requirements stated in Section 7. The program/teaching service/enrollment begins/began on (month-day-year)

|_|_|-|_|_|-|_|_|_|_| 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 (month-day-year) |_|_|-|_|_|-|_|_|_|_| and ending on |_|_|-|_|_|-|_|_|_|_|. The borrower is/was teaching grade level _____.

Institution's Name _____ OPE-ID (if applicable) _____
 Address _____ City, State, Zip _____
 Name/Title of Authorized Official _____ Telephone () _____

AUTHORIZED OFFICIAL'S SIGNATURE _____ DATE _____

