Instructions for Completing the Request for Student Loan Deferment
(rev. November 21, 2006)

This form is to be used to request a deferment for all of the following types of loans:
- Yale Student Loan (YSL)
- Yale Medical School Student Loan (YUSL)
- Federal Nursing Student Loan (NURS)
- Health Profession Student Loan; includes Primary Care Loans (HLTH)
- Loans for Disadvantaged Students (HLDS)
- National Direct Student Loan (NDSL)
- Federal Perkins Loan (PERK)

Please complete the appropriate sections and return the signed form to the Student Loan Billing and Payment Office at the address listed on the form.

Students who qualify for cancellation of their Federal Perkins loans (see your promissory note for specific details) must complete the Federal Perkins Loan (NDSL) Cancellation/Deferment request form.

For all loan types, refer to your promissory note for your deferment eligibility. Complete the Certification of Status for Deferment if required and return the form to the Student Loan Billing and Payments Office.
REQUEST FOR STUDENT LOAN DEFERMENT
Loan types: YSL, YUSL, NURS, HLTH, HLDS, NDSL and PERK
One form can be used for all loan types.

Yale University,          Phone: 203-432-2727
Student Loan Billing and Payment Office      Fax: 203-432-2725
PO Box 208338         Email: slac@yale.edu
New Haven, CT 06520-838

Instructions: Complete all parts. Obtain the necessary certifications and return the form to Yale University at the address shown above.

Part I: Borrower Information

Name: ___________________________ Social Security Number: ______________________
Printed: (Last, First, MI)

Address: ___________________________________________________________________________________
        Street     City    State   Zip Code

Telephone: (____)_________________  Email Address: ______________________________________

Part II: Deferment: for the period beginning ______________, ending _______________.

I claim exemption from my student loan account during the period indicated. Deferment periods granted cannot exceed those time periods outlined in the program regulations. Verification of deferment must be submitted at least annually.

I certify that I am/was: (certification of status required)
[ ] enrolled at least half-time at an institution of higher education. Expected Graduation Date: ______________________
[ ] serving in an eligible Internship/Residency program. Type of Internship/Residency: ______________________
[ ] participating full-time in an eligible fellowship program.
[ ] enrolled in a course of Rehabilitation Training.
[ ] serving on active duty status in the Armed Forces of the United States.
[ ] serving as a Peace Corp or Vista/ACTION volunteer and have agreed to serve for a minimum of one year.
[ ] serving as a full time volunteer in a 501(c)(3) tax exempt organization for a minimum of one year. Proof of the organization’s tax-exempt status is required.
[ ] serving as an officer in the Commissioned Corps of the Public Health Service.
[ ] an active duty member of the Oceanic and Atmospheric Administration Corps.
[ ] serving on active duty or National Guard duty during a war or other military operation, or national emergency (loans disbursed after June 30, 2001)

Certification of Status for Deferment: Certification must be on an official letterhead if a seal or stamp is not available. For military deferments a copy of your military orders or a written statement from your commanding officer/personnel officer stating that you are serving as described above is required.

I certify that the borrower named above is stating true and accurate information.

Institution or Organization:    Certifying Official:    Official Stamp/Seal
____________________________________ _______________________________________
     Name      Name  (Printed)
____________________________________ _______________________________________
     Address     Title
____________________________________ _______________________________________
     Telephone     Signature   Date

I certify that I am/was:
[ ] pregnant, caring for a newborn child or caring for a child immediately following the placement of the child through adoption, provided I am not attending school and am not gainfully employed and was enrolled at least half-time within the last six months.
[ ] a mother with preschool age children entering or reentering the work force and am being paid at a rate that is not more than $1.00 above the minimum hourly wage prescribed by the Fair Labor Standards Act of 1938.
[ ] taking care of a disabled dependent or spouse full time.
[ ] serving on active duty or National Guard duty during a war, other military operation, or national emergency (loans after 6.30.01)
[ ] temporary or totally disabled. Please contact the office for additional required forms.

If you are unemployed, you must submit a forbearance form.

Part III: Borrower’s Certification

I declare that all of the above information is true and accurate. I agree to notify Yale University immediately upon termination of my claimed status. I understand that not all loans qualify for all of the deferments listed above.

Borrower’s Signature __________________________ Date __________________________

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