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, Student Loan Billing and Payment Office Phone: 203-432-2727 Fax: 203-432-2725 PO Box 208338 slac@yale.edu Email:

New Haven, CT 06520-8338

Borrower's Signature

N	g : 1 g	'A NT 1	
Name: Printed: (Last, First,	MI) Social Sec	urity Number:	
` ,	,		
Address:Street	City	State	Zip Code
Telephone: ()	Email Address:		
I claim exemption from my student le program regulations. Verification of	d beginning, end account during the period indicated. It deferment must be submitted at least annual control of the co	nding	d cannot exceed those time periods outlined in the
[] serving in an eligible Internship/R [] participating full-time in an eligible [] enrolled in a course of Rehabilitat [] serving on active duty status in th [] serving as a Peace Corp or Vista/A [] serving as a full time volunteer in required. [] serving as an officer in the Comm [] an active duty member of the Oce	stitution of higher education. Expected G desidency program. Type of Internship/Re de fellowship program. tion Training. e Armed Forces of the United States. ACTION volunteer and have agreed to ser	ve for a minimum of one minimum of one year.	year. Proof of the organization's tax- exempt status is
your military orders or a written state		onnel officer stating that	
your military orders or a written state I certify that the borrower named abo	ment form your commanding officer/person ve is stating true and accurate information	onnel officer stating that	amp is not available. For military deferments a co you are serving as described above is required.
your military orders or a written state I certify that the borrower named abo Institution or Organization: Name Address	we is stating true and accurate information Certifying Official: Name (Printed) Title	onnel officer stating that	amp is not available. For military deferments a co you are serving as described above is required.
your military orders or a written state I certify that the borrower named abo Institution or Organization: Name	we is stating true and accurate information Certifying Official: Name (Printed) Title	onnel officer stating that	amp is not available. For military deferments a co you are serving as described above is required.
your military orders or a written state I certify that the borrower named about Institution or Organization: Name Address Telephone I certify that I am/was: [] pregnant, caring for a newborn cheschool and am not gainfully employe [] a mother with preschool age child hourly wage prescribed by the Fair L [] taking care of a disabled depender [] serving on active duty or National	we is stating true and accurate information Certifying Official: Name (Printed) Title Signature ild or caring for a child immediately follod and was enrolled at least half-time with laren entering or reentering the work force abor Standards Act of 1938.	Date Date wing the placement of the n the last six months. and am being paid at a rapperation, or national emoretation.	official Stamp/Seal Ce child through adoption, provided I am not attend te that is not more than \$1.00 above the minimum
your military orders or a written state I certify that the borrower named about Institution or Organization: Name Address Telephone I certify that I am/was: [] pregnant, caring for a newborn cheschool and am not gainfully employe [] a mother with preschool age child hourly wage prescribed by the Fair L [] taking care of a disabled depender. [] serving on active duty or National.	rease contact the office for additional requirement form your commanding officer/pers we is stating true and accurate information. Certifying Official: Name (Printed) Title Signature Signature iild or caring for a child immediately follod and was enrolled at least half-time withing the metering or reentering the work force abor Standards Act of 1938. Into or spouse full time. I Guard duty during a war, other military of the case contact the office for additional requirement.	Date Date wing the placement of the n the last six months. and am being paid at a rapperation, or national emoretation.	official Stamp/Seal ce child through adoption, provided I am not attend te that is not more than \$1.00 above the minimum

Date