

**REQUEST FOR DEFERMENT OF REPAYMENT  
Health Professions Student Loan Program  
Primary Care Loan Program  
Loans for Disadvantaged Students**

**PRINT IN INK OR TYPE**

**PART I -- GENERAL INFORMATION**

Borrower's responsible to advise Emory University of current address	ACCOUNT NUMBER(S)	
NAME OF BORROWER		
STREET ADDRESS	SOCIAL SECURITY NUMBER	
CITY, STATE, ZIP	NAME OF LENDING INSTITUTION <b>Emory University</b>	DATE LEFT
PHONE NUMBER _____ Check if this is an address change Area Code ( _____ )		

**FORMS MUST BE FILED ANNUALLY. SEPARATE FORMS MUST BE FILED FOR EACH YEAR OF DEFERMENT.**

**This is to certify that I am/was:**

_____ A.	Pursuing a full time course of study at a school of medicine, osteopathy, dentistry, pharmacy, podiatry, optometry or veterinary medicine, (circle one) leading to a diploma, baccalaureate degree or an equivalent degree. For LDS borrowers, the health profession school must participate in the LDS program.  From: _____ To: _____ Month/ Year Month/ Year
_____ B.	*Pursuing advanced professional training, including internships and residencies in the field of _____ Original degree was received in field of _____  From: _____ To: _____ Month/Year Month/Year
_____ C.	Member of a uniformed service (including NOAAC and U.S. Public Health Service).  From: _____ To: _____ Month/Year Month/Year
_____ D.	A volunteer under the Peace Corps Act.  From: _____ To: _____ Month/Year Month/Year
_____ E.	Interrupting my studies to pursue a directly related Health Profession educational activity.  From: _____ To: _____ Month/Year Month/Year
_____ F.	Participating in a Fellowship Training Program or _____ Related Educational Activities  From: _____ To: _____ Month/Year Month/Year

I claim exemption from payment of principal and accrual of interest on my Health Professions Student Loan during the period indicated above. I agree to notify the lending institution on termination of my status.

<b>SIGNATURE OF BORROWER</b>	DATE
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**PART II -- CERTIFICATION \* This section need not be completed if application is for Advanced Professional Training.**

I CERTIFY THAT THE INFORMATION STATED IN PART I ABOVE IS TRUE AND CORRECT: THE PERSON NAMED ABOVE IS (WAS)	
_____ A. Enrolled as a full time student in an undergraduate program	_____ D. A volunteer under the Peace Corps Act
_____ B. *Pursuing advanced professional training in field of _____	_____ E. Interrupting studies to pursue Health Profession education activity
_____ C. A member of a uniformed service	_____ F. Participating in a Fellowship Training Program or _____*Related Educational Activities

SIGNATURE (REGISTRAR, COMMANDING OFFICER, PEACE CORPS OFFICER)	DATE
NAME OF INSTITUTION OR ORGANIZATION	OFFICIAL SEAL OR STAMP (if none, see instructions on back)
ADDRESS (CITY, STATE AND ZIP CODE)	TELEPHONE

**PART III -- EMORY UNIVERSITY USE ONLY**

FORM PROCESSED BY:	DEFER CODE	MONTH/YEAR	NO MO	PAST DUE AMOUNTS			
				PRINCIPAL	INTEREST	PENALTY	TOTAL
DATE							

**PART IV -- LENDING INSTITUTION ACTION**

SIGNATURE OF APPROVING OFFICIAL	TITLE	DATE
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**Health Professions Student Loan Repayment  
Primary Care Loan Program  
Loans for Disadvantaged Students  
Deferment of Repayment**

You are eligible for deferment of repayment under the conditions listed below. During periods of deferment, principal is not due and interest does not accrue. It is your responsibility to submit forms on an ANNUAL basis; failure to do so timely will result in continued billings. If you have loans from more than one lending institution, you must submit separate forms for each school.

**Deferment for Student Status or Advanced Professional Training**

- A. Enrollment in a course of study at a school of medicine, osteopathy, dentistry, pharmacy, podiatry, optometry or veterinary medicine leading to a diploma, baccalaureate or an equivalent degree.
  - 1. Enrollment must be full time
  - 2. For HPSL's made before 11/4/88, enrollment must be within the applicable grace period; if grace expires, application can be for advanced professional training
  - 3. For LDS's school must participate in LDS program
- B. Pursuit of advanced professional training.
  - 1. The training must be within the health professions discipline for which the loan was granted
  - 2. Training must be full time
  - 3. Grace period must expire prior to deferment benefits
  - 4. You may self-certify Section II on the front of the form

**Deferment for Uniformed Service or Peace Corps (The total period of deferment may not exceed 3 years for each benefit, or a combined total of 6 years)**

- C. A member of a uniformed service.
  - 1. Grace period must expire prior to deferment benefits
- D. A volunteer under the Peace Corps Act.
  - 1. Grace period must expire prior to deferment benefits

**Interruption of Studies**

- E. Interruption of studies to pursue a directly related Health Profession educational activity.
  - 1. The activity must be related to the health profession for which the loan is granted
  - 2. You must intend to return to the lending institution full time to complete our studies

**Fellowship/Related Educational Activities**

- F. Participation in a Fellowship Training Program/other Related Educational Activities. You must enter into either of the above prior to the end of your advanced professional training, or no later than 12 months after completion to the advanced professional training, internship, residency or undergraduate work
  - 1. Fellowship: Must be full time activity in research, research training or health care policy
  - 2. Related educational activities for graduates of health profession schools: Activity must be a part of a joint degree program, or activity that is required for licensure, registration or certification, or a full time educational program public health, health administration, or health care discipline; all of which is related to the health profession for which you received the HPSL loan

**Summary of Benefits**

HPSL Made:	On or before June 30, 1969	July 1, 1969 - Nov. 17, 1971-	Nov. 18, 1971 - Oct 21, 1985	On or After October 22, 1985
Grace Period:	3 years	1 year	1 year	1 year
Advanced Professional Training	3 yrs. max	5 yrs. max including student	no limit	no limit
Uniformed Service or Peace Corps	3 yrs. max	3 yrs. max	3 yrs. max	3 yrs .max
Interruption of studies	(must be a full-time student on or after 10/22/85)			2 yrs. max
Fellowship/Related Education Activity	not available	not available	not available	2 yrs. max
Forbearance	unlimited (request special form)	unlimited (request special form)	unlimited (request special form)	unlimited (request special form)

**INSTRUCTIONS - PLEASE PRINT IN INK OR TYPE**

- 1. Complete Part I. (Forms will be returned if any information is missing.)
- 2. Sign and date the form.
- 3. Have forms certified in Part II. (If an official seal or stamp is not available, verification of your status official letterhead stationery must accompany forms.) Forms without a seal, stamp, or letter are considered valid and cannot be accepted, with the exception of Advanced Professional Training.

**FORMS AND CORRESPONDENCE ONLY ARE TO BE MAILED TO:**

**Emory University  
Office of the Bursar  
Student Financial Services  
101 Boisfeuillet Jones Center  
Atlanta, GA 30322-1630  
Telephone Number: 404-727-6095**