



**STUDENT LOAN SERVICES**  
 1000 Asp Avenue, Room 208  
 Norman, OK 73019  
 P:405.325.5876 F:405.325.5803

## Education Related Deferment

**Warning:** Any person who knowingly makes false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment, or both under the U.S Criminal Code and 20 U.S.C S1097

### Section 1: Borrower Information

Loan Account Number: \_\_\_\_\_  
 First Name, Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, ST, Zip : \_\_\_\_\_  
 Phone/Cell Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

Disclosure of your Social Security Number is voluntary. If you consent to disclose your Social Security Number by including it here, it will be used for identification purposes.

Forbearance means the temporary cessation of payments, allowing an extension of time for making payments than previously were scheduled. Forbearance can be granted up to 12 month periods that cumulatively do not exceed three years.

### Section 2: Deferment Request

Before answering any questions , carefully read the entire form.

I meet the qualifications for the deferment checked below and request that the institution defer repayment of my loan(s)

- While I am enrolled as a regular, full-time student and engaged in a full-time course of study in a **GRADUATE FELLOWSHIP** program.
- While I am engaged in a graduate or post-graduate fellowship/supported study outside the United States.
- While I am serving in a residency program in **DENTISTRY**.
- While I am engaged in an **INTERNSHIP/RESIDENCY** program at the following type of institution (check the appropriate box).
  - Institution of higher education, hospital, or health care facility.
  - Any other institution or organization. Name of the Internship/Residency Program \_\_\_\_\_.

#### I understand that:

If I have borrowed from any of the following loan funds, I am responsible for paying the interest that accrues. The interest may be paid monthly or may be paid annually on July 1. The internship deferment period may not exceed one year. Medical residency deferment may not exceed two years.

Lew Wentz foundation Murray Case Sells Loan Sallie B. Clark Loan J. & M. Robey Foundation

If my Perkins loan was disbursed after July 1, 1993, I may request deferment for a period not to exceed two years during which time principal and interest does not accrue. An eligible internship is one that requires the borrower to hold at least a Baccalaureate degree *before* beginning the internship and a State licensing agency requires an individual to complete as a prerequisite for certification for professional practice or service.

#### I understand that:

\*If my Perkins loan was disbursed after July 1, 1993, I may request a forbearance during internship/residency.

If I qualify, the principal will be deferred. Interest accrues and can be paid monthly or the total accrued interest is due and payable at the end of the forbearance period.

\*Please indicate your choice by checking the box:

- During my forbearance I will pay the interest that is billed each month.
- I will pay the total accrued interest at the end of each forbearance.

Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed form to The University of Oklahoma at the address listed above

**Section 4: Authorized Official's Certification**

I certify to the best of my knowledge and belief that the borrower named above is/was engaged in the program indicated in section 2, and that the borrower and the borrower's program meet all of the eligibility requirements specified.

The borrower's program begins/began on \_\_\_\_\_ and is expected to end on \_\_\_\_\_.

Name of Institution: \_\_\_\_\_ OPE-ID (if applicable) \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name and Title of Authorized Official: \_\_\_\_\_ Telephone: \_\_\_\_\_

Authorized Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Deferment approved for \_\_\_\_\_ Loan fund.

First year  Second year  Internship Residency Begins :     /     /     Ends :     /     /

Request denied because: \_\_\_\_\_

Loan Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Declaration: I declare all information provided in the request to be accurate and true. I will notify the University of Oklahoma immediately of any change in my employment status and begin payment if required. I authorize the University of Oklahoma and their (respective agents and contractors) to contact me regarding my request or my loan (s) including repayment of my loan (s), at the number provide on this form or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.