

REQUEST FOR DEFERMENT OF REPAYMENT

(For loans received on or after July 1, 1993) F, H, & I Notes

⇒ PART I - TO BE COMPLETED BY BORROWER

ACCOUNT NUMBER	Return to: UNIVERSITY OF OKLAHOMA BURSAR - COLLECTION SECTION 1000 ASP, ROOM 208 NORMAN, OK 73019-0430 PHONE (405) 325-5876	
NAME		
TELEPHONE ()		
ADDRESS (Street, City, State, & Zip)		
TO DEFER A FEDERAL PERKINS LOAN (Check appropriate item):		
<input type="checkbox"/> At Least a Half-time Student <input type="checkbox"/> In an Approved Graduate Fellowship Program <input type="checkbox"/> In an Approved Rehabilitation Training Program for Disabled Individuals <input type="checkbox"/> In a Graduate or Post-graduate Fellowship Supported Study Outside the United States <input type="checkbox"/> In a Residency Program in Dentistry <input type="checkbox"/> On Full-time Active Duty in the U.S. Armed Forces		
	Beginning Date	Ending Date
TO DEFER A LEW WENTZ LOAN: (Check appropriate item)		
<input type="checkbox"/> A Full-time Student <input type="checkbox"/> On Full-time Active Duty in the U.S. Armed Forces <input type="checkbox"/> In a Medical Internship Program		
	Beginning Date	Ending Date
<input type="checkbox"/> In a Medical Residency Program <input type="checkbox"/> In the Peace Corps		
I claim exemption from payment of principal and accrual of interest on my Perkins loan and/or payment of principal on my Lew Wentz Foundation Loan during the period indicated above. I agree to notify the lending institution immediately upon termination of my claimed status. Deferments are not given beyond the date of certification; therefore:		
<input type="checkbox"/> Check here if you expect to be eligible for deferment again next year. If so, through what date? <div style="display: flex; justify-content: space-around; width: 100%;"> MONTH YEAR </div>		
SIGNATURE OF BORROWER	TYPED NAME	DATE

⇒ PART II - TO BE COMPLETED BY CERTIFYING AUTHORITY

I certify that the information stated in PART I above is true and correct. Person named above is/was (Check appropriate item):		
<input type="checkbox"/> At Least a Half-time Student <input type="checkbox"/> In an Approved Graduate Fellowship Program <input type="checkbox"/> In a Medical Internship Program <input type="checkbox"/> In a Residency Program in Dentistry <input type="checkbox"/> On Full-time Active Duty in the U.S. Armed Forces <input type="checkbox"/> In a Graduate or Post-graduate Fellowship Supported Study Outside the United States		
<input type="checkbox"/> A Full-time Student <input type="checkbox"/> In a Medical Residency Program		
SIGNATURE OF CERTIFYING OFFICIAL	TYPED NAME & TITLE	DATE
NAME OF ORGANIZATION	TELEPHONE ()	OFFICIAL SEAL OR STAMP (If none, include signed letter of certification)
ADDRESS (Street, City, State & Zip Code)		

⇒ PART III - TO BE COMPLETED BY LENDING INSTITUTION

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Deferment Ending	Next Payment Due	Eligibility Remaining
10/95	Name of Official		Date