

# **Student Loan Deferment Request**

**Health Professions Student Loan (HPSL)**

**Loans for Disadvantaged Students (LDS)**

**Nursing Student Loan (NSL)**

**Primary Care Loan (PCL)**



**HRSA**  
Health Resources & Services Administrator



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## **Health Professions Student Loan (HPSL)**

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### **PLEASE READ CAREFULLY BEFORE YOU COMPLETE THIS REQUEST:**

1. Recipients of funds from the Department of Health and Human Services federal programs'--Health Professions Student Loan, Loans for Disadvantaged Students, Nursing Student Loan, and Primary Care Loan--are responsible for requesting and certifying to the institution from which they received the loan their eligibility for deferment.
2. Deferments are only granted for specific activities (see Part II below). You must be participating in one of these activities to be eligible for deferment under this program. Deferments are granted on an annual basis. **You must submit this form each year if you need to defer payments.** If you fail to submit this form to your school by payment due date, your school is required to consider your loan past due, and must take action to collect as required by the program regulations.
3. The institution from which you received your Title VII or Title VIII loan funds may have their own Deferment Request form. Please contact your institution to see if they have and prefer you use their form.
4. It is your responsibility to immediately notify the institution from which you received the loan funds of anything that has change that might impact your deferment eligibility, should the Deferment Request be granted.
5. While your Loan Servicer may contact you regarding the status of this Deferment Request, it is ultimately your responsibility to confirm your eligibility for deferment. Your school is considered the lender for these loans, acting as an agent of the federal government. However, they may contract with an organization called a Loan Servicer to work with you during repayment.
6. These loans are not reflected on the National Student Loan Data System (NSLDS).

### **INSTRUCTIONS:**

1. Complete Part I in its entirety, sign, and date.
2. Complete Part II by indicating the category under which you are applying to defer payments on your loan with this Deferment Request.
3. Complete Part III by talking to the appropriate Designated Official at your school, teaching hospital, or service organization, for completion and signature of Part III, based on your deferment category selected in Part II.
4. Make a copy for your records.
5. Submit original signed request to your institution from which you received your loan funds or the Loan Servicer, taking note of when and where you submitted this Deferment Request. Refer to the information provided at your Loan Exit Interview for information on where to submit this Deferment Request. If you are unsure where, please contact the school. This request must be submitted prior to you receiving deferment.
6. Contact your institution or Loan Servicer after a designated period of time to confirm not only receipt of this Deferment Request, but its status.
7. If your circumstances change and you cease to become eligible for deferment status, please notify the school immediately upon termination of your status.



**HRSA**  
Health Resources & Services Administration



**PART I: TO BE COMPLETED BY BORROWER**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
Email \_\_\_\_\_

Loan Program                  HPSL                  LDS                  NSL                  PCL  
(Please check one program above for which you are requesting a deferment.)

Discipline \_\_\_\_\_

Requested *START* Date of Deferment: \_\_\_\_\_ Requested *END* Date of Deferment: \_\_\_\_\_  
   mm/dd/yyyy     mm/dd/yyyy

**My signature below confirms that:**

- I am requesting deferment of payments of both interest and principal on any HPSL, LDS, NSL, or PCL loan that I received while enrolled at the institution.
- I am certifying that I am, or will be, participating in the approved deferment activity indicated below.
- I understand it is my obligation to immediately notify the institution from which I received assistance of any change in my status that might change my eligibility for this deferment.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
   mm/dd/yyyy

**PART II: SELECT A DEFERMENT ACTIVITY TYPE**

In accordance with Section 722(c) of the Public Health Service Act, 42 CFR 57:210, periodic installments of principal and interest need not be paid, and interest shall not accrue, while the borrower meets any of the following conditions as referenced below:

*Please select one of the conditions from the appropriate loan categories below to indicate under which eligibility criteria you are applying for this deferment. **If your condition is not listed below, you are not eligible for deferment:***

**Health Professional Student Loan (HPSL)**

- Active Duty as a member of a uniformed service of the United States (maximum 3 years)
- Volunteer under the Peace Corps Act (maximum 3 years)
- Pursuing advanced professional training, including internship and residency (unlimited years)
- Leave of Absence to pursue related educational activity (maximum 2 years)
- Graduate fellowship program or related graduate educational activity (maximum 2 years)

**Loans for Disadvantaged Students (LDS)**

- Active Duty as a member of a uniformed service of the United States (maximum 3 years)
- Volunteer under the Peace Corps Act (maximum 3 years)
- Pursuing advanced professional training, including internship and residency (unlimited years)
- Leave of Absence to pursue related educational activity (maximum 2 years)
- Graduate fellowship program or related graduate educational activity (maximum 2 years)



**Nursing Student Loan (NSL)**

- Active Duty as a member of a uniformed service of the United States (maximum 3 years)
- Volunteer under the Peace Corps Act (maximum 3 years)
- Enrolled Full-Time or Half-Time in a collegiate nursing school (maximum 10 years)
- Pursuing advanced professional training in nursing, including training in nurse anesthetist. (maximum 10 years)

**Primary Care Loan (PCL)**

- Active Duty as a member of a uniformed service of the United States (maximum 3 years)
- Volunteer under the Peace Corps Act (maximum 3 years)
- Pursuing advanced professional training in Primary Care, including internships and residencies (unlimited years)  
(Please note a residency program must be completed within 4 years of graduation from medical school.)
- Leave of Absence to pursue related educational activity (maximum 2 years)
- Graduate fellowship program or related graduate educational activity (maximum 2 years)

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**PART III: TO BE COMPLETED BY DESIGNATED OFFICIAL**

- A. This section should be completed by a *Designated Official* who can verify your enrollment status (including any *Leave of Absence*) should you be requesting deferment based on your advanced professional training status. This includes participation in internships, residencies and graduate fellowship programs.

**Name and Contact Information for Authorizing Official at School or Teaching Hospital**

**Name** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**School or Hospital** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**Program Name** \_\_\_\_\_

**This is to certify that the borrower's program, as referenced in the appropriate category above began or will begin and is scheduled to end on the following dates:**

**Program Start Date:** \_\_\_\_\_ **Scheduled Program Completion Date:** \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
mm/dd/yyyy

- B. This section should be completed by a *Designated Official* who can verify your military or Peace Corps status should you be requesting Deferment based on one of those categories.



**Name and Contact Information for Uniformed Service or Peace Corps Official (for borrowers applying under Active Duty or Peace Corps eligibility criteria:**

**Name** \_\_\_\_\_  
**Title/Rank** \_\_\_\_\_  
**Service Organization** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**Location of Service** \_\_\_\_\_

**Borrower's Uniformed Service Serial Number\*** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
mm/dd/yyyy

\* The uniformed services of the United States are the Army, Navy, Marine Corps, Air Force, Coast Guard, deployed National Guard, National Oceanic and Atmospheric Administration Corps, and the U.S. Public Health Service Commission Corps.

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines and imprisonment under Federal Statute.

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**PART IV: TO BE COMPLETED BY THE INSTITUTION**

This section should be completed by the institution from which you received the Federal Title VII or Title VIII funds, or the Loan Servicer under contract with the institution to service these loans.

**Approved** \_\_\_\_\_

**Denied** \_\_\_\_\_

**Denial Reason**  
\_\_\_\_\_  
\_\_\_\_\_

**Date Request Processed** \_\_\_\_\_  
mm/dd/yyyy

**Date Borrower Notified** \_\_\_\_\_  
mm/dd/yyyy

**Amount of Loan Deferred** \_\_\_\_\_



**Expiration Date of Approved Deferment Period** \_\_\_\_\_

**Public Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0047. Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.

**REMIT FORMS TO:**

ECSI  
PO Box 1289  
Moon Township, PA 15108

Indiana University  
1024 E 3rd Street Room 122  
Bloomington, IN 47405  
Email: [ucls@iu.edu](mailto:ucls@iu.edu) Fax: (812) 855-5848



**HRSA**  
Health Resources & Services Administration

