

**FEDERAL PERKINS, NDSL, NSL, HPSL, PCL & LDS Request for Deferment  
Part I – To be completed by the Borrower (Complete in INK)**

Name: _____		Social Security Number: _____	
Street Address: _____		Birth date: _____	
City: _____	State: _____	Zip: _____	
Home Phone: _____	Work Phone: _____	E-mail address _____	
Lending Institution: LUTHER COLLEGE		Date Left Lending Institution: _____	

**Deferment Request:**

**Beginning (mm/dd/yy)-required**

**Ending (mm/dd/yy)-required**

(Please refer to your promissory note for specific eligibility requirements)

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

**For Loans Made Before 7/1/1993 Only:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> At least a half-time student<br><br><input type="checkbox"/> In a Graduate Fellowship Student Program<br><br><input type="checkbox"/> Enrolled in a Rehabilitation Training Program<br>Type of program _____<br><br><input type="checkbox"/> Serving in an internship or dentistry residency program | <input type="checkbox"/> Serving in an internship or residency program<br><input type="checkbox"/> A Peace Corps or ACTION volunteer<br><input type="checkbox"/> A full time volunteer in a tax exempt organization<br><input type="checkbox"/> On full time active duty in the US Armed Forces<br><input type="checkbox"/> National Guard, Reserves | <input type="checkbox"/> A working mother of a preschooler just entering or re-entering the work force<br><input type="checkbox"/> In the National Oceanic & Atmospheric Corp<br><input type="checkbox"/> A commissioned officer in US Public Health Service Corps<br><input type="checkbox"/> Parental leave (neither gainfully employed or attending school) |
|---|--|--|

**NOTE: IF YOU OR YOUR SPOUSE IS TEMPORARILY TOTALLY DISABLED, YOU ARE SUPPORTING A DISABLED DEPENDENT, OR YOU ARE IN NEED OF AN UNEMPLOYMENT ECONOMIC HARDSHIP DEFERMENT/FORBEARANCE FOR FINANCIAL OR UNEMPLOYMENT REASONS, PLEASE CONTACT OUR OFFICE AT THE ADDRESS LISTED BELOW TO OBTAIN FURTHER INFORMATION.**

**HEALTH PROFESSIONS STUDENT LOANS, PCL & LDS**

**NURSING STUDENT LOANS**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Pursuing a fulltime course of student toward a degree in health professions at any school of medicine, osteopathy, dentistry, pharmacy, podiatry, optometry or veterinary medicine.<br><br><input type="checkbox"/> Receiving full time advanced professional training in the field for which the loan was received<br><br><input type="checkbox"/> A Peace Corps volunteer<br><br><input type="checkbox"/> A Commissioned officer in US Public Health<br><input type="checkbox"/> In the National Oceanic & Atmospheric Corp | <input type="checkbox"/> Serving an internship or residency required prior to professional practice<br>Type of _____<br>Program _____<br><br><input type="checkbox"/> Participating in a fellowship training program<br><br><input type="checkbox"/> On full time active duty in a uniformed service<br>Branch of _____<br>Service _____<br><br><input type="checkbox"/> Full time educational activity directly related to the health profession | <input type="checkbox"/> In a nursing program (half-time/full-time) leading to a baccalaureate or equivalent or graduate degree or RN or associate degree<br><br><br><input type="checkbox"/> Advanced professional training<br><input type="checkbox"/> On fulltime active duty in the Army, Navy, Air Force, Marines, Coast Guard, Nat. Oceanic & Atmospheric Admin. Corps. or US Public Health Service Corps.<br><input type="checkbox"/> A Peace Corps volunteer |
|--|---|--|

**I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE. I AGREE TO NOTIFY LUTHER COLLEGE PERKINS LOAN OFFICE IMMEDIATELY IF MY STATUS CHANGES. I understand that by requesting a deferment during my original grace period, I am conditionally waiving my rights to said grace period.**

X-Borrower's Signature (required) \_\_\_\_\_ Date (required) \_\_\_\_\_

**PART II – TO BE COMPLETED BY CERTIFYING OFFICIAL (Required)**

I certify that the information state above is correct:

X \_\_\_\_\_  
Signature of Authorizing Official Title Date School OPE#

Name and Address of Organization  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number: () \_\_\_\_\_

**STATUS:**  
 Full time  
 At least half time

Official Stamp or Seal If no stamp or seal is available please provide letterhead certification.

**RETURN FORM TO: LUTHER COLLEGE PERKINS, 700 COLLEGE DRIVE, DECORAH, IA 52101**  
For questions call: 563-387-1534 or 800-458-8437 ext. 1534