

HARVARD UNIVERSITY STUDENT LOAN OFFICE

INTERNSHIP/RESIDENCY DEFERMENT REQUEST

1033 MASSACHUSETTS AVENUE, 2ND FLOOR, CAMBRIDGE, MA 02138

REQUEST FOR DEFERMENT OF LOAN REPAYMENT OF HARVARD, PERKINS, LDS and HPSS LOANS

NOTE: Deferment cannot be granted until this form is properly certified and returned to the HARVARD UNIVERSITY STUDENT LOAN OFFICE. Federal statutes limit our ability to backdate a deferment request. Please submit this form as soon as you are eligible for a deferment.

PART 1: TO BE COMPLETED BY THE BORROWER

___ **CHANGE OF ADDRESS**

Harvard ID#

() _____
Phone

Borrower's Name

E-Mail

Address

Street

Apt. #

City

State

Zip

I am requesting deferment for the period **FROM** ___ I ___ **TO** ___ I ___ I will continue in this deferment status until ___ I ___
mo yr mo yr mo yr
(Duration indicated can be no longer than 12 months)

UNSUBSIDIZED AND HARVARD MEDICAL SCHOOL LOANS (choose one)

- I WILL MAKE MONTHLY INTEREST PAYMENTS ON MY LOAN(S). I UNDERSTAND FAILURE TO DO SO WILL NEGATIVELY IMPACT MY CREDIT STANDING.
- THE INTEREST ON MY LOAN(S) WILL BE CAPITALIZED (added to my principal balance) AT THE END OF THE DEFERMENT PERIOD AND WILL RESULT IN MY MONTHLY PAYMENT BEING RE-AMORTIZED.

FEDERAL PERKINS LOAN THIS LOAN IS NOT ELIGIBLE FOR INTERNSHIP/RESIDENCY DEFERMENT. If you cannot afford to make your regular monthly payment you must choose a forbearance option below.

- I WILL MAKE MONTHLY INTEREST PAYMENTS ON MY LOAN(S). I UNDERSTAND FAILURE TO DO SO WILL NEGATIVELY IMPACT MY CREDIT STANDING.
- THE INTEREST ON MY LOAN(S) WILL ACCRUE THROUGH THE END OF THE DEFERMENT PERIOD AND WILL NEED TO BE PAID UPON EXPIRATION OF CURRENT DEFERMENT REQUEST PERIOD.

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO NOTIFY THE HARVARD UNIVERSITY STUDENT LOAN OFFICE IMMEDIATELY UPON TERMINATION OF MY STATUS.

X _____
Borrower's Signature

Date

PART 2: CERTIFICATION OF STATUS (Authorized officials include Officials of Internship programs)

Anticipated completion or graduation date: ___ I ___ I ___
mo day yr

The information in PART 1 above is correct for the period from ___ I ___ I ___ to ___ I ___ I ___ and any additional conditions for eligibility as set forth on this form have been met. I CERTIFY THE INFORMATION STATED ABOVE TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Name of Organization/Agency/Institution

Signature of Official

Address

Street

Title

Official Stamp or Seal (if applicable)

City

State

Zip

Date

() _____
Phone

COMMENTS: _____

RETURN certified form to: **Harvard University Student Loan Office, 1033 Massachusetts Avenue, 2nd Floor, Cambridge, MA 02138**
Please refer to your Exit Interview Book, promissory note or contact the Student Loan Office at (617) 495-3782 to determine the deferment time limitation and eligibility of your loan(s).

e-mail address: student_loans@harvard.edu (617) 495-3782 (800) 315-7192 fax: (617) 496-5632