Direct In-School Deferment Request William D. Ford Federal Direct Loan Program

OMB No. 1845-0011 Form Approved Exp. Date 07/31/2001

Federal Direct Stafford/Ford Loans, Federal Direct Unsubsidized Stafford/Ford Loans, Federal Direct PLUS Loans, Federal Direct Consolidation Loans

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

SCH	
Half Time Student	

				Fellowship, Rehabilitation Training Program		
Borrower's Information			Please	print legibly using blue or black ink.		
Last Name	First Name	Middle Initial	Social Security Number			
Street Address			Home Area Code/Telephone N	umber		
			()			
City	State	Zip Code				
Section 1: Deferment Requ	lest	Must be completed by borrow	ver. See definitions and eligible	ility criteria on the back of this form.		
I meet the qualifications stated on the back of this form for the deferment checked below and request that the U.S. Department of Education (ED) defer repayment on my loan(s). Check one: While I am enrolled at an eligible school as AT LEAST A HALF-TIME STUDENT . While I am engaged in a full-time course of study in a GRADUATE FELLOWSHIP program. While I am engaged in a full-time REHABILITATION TRAINING program. Borrower Understandings and Certifications I understand that: (1) My deferment will begin on the date the deferment condition began but no more than six months before ED receives this request; (2) ED will not grant this deferment request unless all applicable sections of this form are completed and any additional required documentation is provided; (3) Principal payments will be deferred, but if my loan(s) is not subsidized by the federal government, I am responsible for paying the interest that accrues; (4) If I do not choose to pay all interest that accrues during my deferment period, ED will capitalize (see Definitions) such interest to the extent permitted by law. This will increase the principal balance of my loan(s); and (5) If my deferment does not cover all my past due payments, I may be granted a forbearance for all payments due before the begin date of my deferment. I certify that: (1) The information provided in Section 1 above is true and correct; (2) I will provide additional documentation, as required, to ED to support my continued deferment status; (3) I will notify ED immediately when the condition(s) that qualified me for the deferment ends; and (4) I have read, understand, and meet the terms and conditions of the deferment for which I have applied as explained on the back of this form.						
Signature of Borrower		I	Date			
Section 2: Authorized Offic	cial's Certification	See the back	of this form for a list of Autho	orized Officials. Please print or type.		
	owledge and belief, that the borrower name ty requirements specified on the back of th		gram indicated in Section 1, and	I that the borrower and the borrower's		
Student Deferment Only Item (1) and Item (2) of this	section must be completed. The school may	attach its own enrollment certification	report listing the required informa	ation in lieu of completing this section.		
The borrower:						
(1) Is/was enrolled at le	east half-time during the academic period from	n (MM-DD-YYYY)	to (MM-DD-YY	₩ŊĹ <u>Ĺ</u> Ĺ ^Ħ ĹĹĹ ^Ħ ĹĹĹĹĹĹ.		
(2) Is reasonably expe	cted to complete his/her program requireme	nts on (MM-DD-YYYY)				
Graduate Fellowship Program and Rehabilitation Training Program Deferments Only						
The borrower's program began (MM-DD-YYYY)						
Name of Educational Institution	on or Rehabilitation Facility					
Address			、 、			
City, State, Zip Code		Telephone ()			

Date

Signature of Authorized Official

Name/Title of Authorized Official

Section 3 — Definitions/Eligibility Criteria for In-School Deferment Request

Definitions

- A deferment is a period during which I am entitled to postpone repayment of the principal balance of my loan(s). Interest does not accrue during an eligible deferment on Federal Direct Stafford/Ford Loans (Direct Subsidized Loans) or Federal Direct Subsidized Consolidation Loans (Direct Subsidized Consolidation Loans). I am responsible for the interest that accrues during this period on all other William D. Ford Federal Direct Loan (Direct Loan) Program loans.
- Capitalization is a process whereby ED adds unpaid interest to the principal balance of a loan(s).

Eligibility Criteria

I may defer (postpone) repayment of my loan(s) while I am:

- Enrolled at an eligible school as AT LEAST A HALF-TIME STUDENT.
- Engaged in a full-time course of study in a GRADUATE FELLOWSHIP program.

To qualify:

- (1) My graduate fellowship program must:
 - (a) provide sufficient financial support to allow for full-time study for a period of at least six months,
 - (b) require, prior to the awarding of financial support, a written statement from each applicant which explains the applicant's objectives,
 - (c) require a graduate fellow to submit periodic reports, projects, or other evidence of the graduate fellow's progress, and
 - (d) in the case of a course of study at a foreign university, accept the course of study for completion of the fellowship program.

(2) I must:

- (a) hold at least a Bachelor's Degree conferred by an institution of higher education, and
- (b) have been accepted or recommended by an institution of higher education for acceptance into the graduate fellowship program on a fulltime basis.
- (3) If I am in a medical internship or residency program, I am not eligible for this deferment unless I am in a residency program for dentistry.
- Engaged in a full-time **REHABILITATION TRAINING** program.

To qualify:

- (1) My training program must:
 - (a) be licensed, approved, certified or recognized as providing rehabilitation training to disabled individuals by the Department of Veteran's Affairs or a state agency responsible for vocational rehabilitation, drug abuse treatment, mental health services, or alcohol abuse treatment programs;
 - (b) provide services under a written, individualized plan that specifies the date services are expected to end; and
 - (c) be structured in a way that requires a substantial commitment by me to my rehabilitation. ("Substantial commitment" means a commitment of time and effort that would normally prevent a person from being employed 30 or more hours per week in a position expected to last at least three months.)
- (2) I must be either receiving or scheduled to receive these rehabilitation services.

Authorized Certifying Officials

- Authorized School Official (At Least Half-Time Student Deferment)
- Authorized Graduate Fellowship Program Official (Graduate Fellowship Program Deferment)
- Rehabilitation Training Program Official (Rehabilitation Training Program Deferment)

Important Notices

Privacy Act Disclosure Notice

The Privacy Act of 1974 (5 U.S.C.552a) requires that the following notice be provided to you. The authority for collecting the information requested on this form is §451 <u>et seq</u> of the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. However, if you do not provide this information, you cannot be considered for a deferment. The information on this form will be used to determine your eligibility for a deferment of repayment of your Direct Loan Program loan(s). The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12, 1994, <u>Federal Register</u>. Vol. 59, p. 17351) and "National Student Loan Data System" (originally published on December 20, 1994, <u>Federal Register</u>, Vol. 59, p. 65532). Thus, this information may be disclosed to federal and state agencies, private parties such as relatives, present and former employers and creditors, and contractors of the Department of Eucation for purposes for which the records were collected, for use by federal, state, local, or foreign agencies in connection with employment matters or the issuance of a license, grant, or other benefit, for use in any employee grievance or discipline proceeding in which the Federal Government is a party, for use in connection with audits or other investigations, for research purposes, for purposes of determining whether particular records are required to be disclosed under the Freedom of Information Act, and to a Member of Congress in response to an inquiry from the congressional office made at your written request.

Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) provides that, in order to receive any grant, loan, or work assistance under Title IV of the HEA, a student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loan(s) so that data may be recorded accurately.

Return this form and any required documentation to:

U.S. Department of Education Direct Loan Servicing Center P.O. Box 4609 Utica, NY 13504-4609

If assistance is needed in completing this form call:

1 (800) 848-0979

Individuals who use a telecommunications device for the deaf (TDD) may call: 1 (800) 848-0983

Paperwork Reduction Notice

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0011. The time required to complete this information collection is estimated to average 0.2 hours (12 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have any comments or concerns regarding the status of your individual submission of this form write directly to:

U.S. Department of Education Direct Loan Servicing Center P.O. Box 4609 Utica, NY 13504-4609