REQUEST FOR DEFERMENT OF REPAYMENT

FEDERAL PERKINS (NDSL) STUDENT LOAN/ NURSING STUDENT LOAN (NSL)/HEALTH PROFESSIONS/ PRIMARY CARE LOAN (HPSL/PCL)

PART I -GENERAL INFORMATION TO BE COMP	ELIED DI BORRONE	11		
Name:		Account Number(s) (14 digits):		
Address:				
		Email address:		
City:		Social Security Number (optional):		
State:	Zip Code	Home Telephone: ()		
! Check if this is a New Address		Employment Telephone: ()		
Name of Lending Institution:				
! Enrolled as at least a half-time student in an institution of higher education ! Pursuing a course of study in a rehabilitation program for disabled individuals ! Member of U.S. Armed Forces on full time active duty ! Mother Returning to Workforce ! Enrolled as at least a half-time student in an a nursing ! Enrolled as a full-time student in a course of advanced degree in nursing, or otherwise pursuing.	! Serving an eligible residency ! Full time voluntee organization ! Officer in Commis Public Health Serv!! On active duty in Atmospheric Adm	e internship or or in a tax exempt ssioned Corps of US vice National Oceanic and ainistration Corps ! Member of the Pe	! !	Enrolled and in attendance as a regular student in a course of study that is part of a graduate fellowship program Engaged in a graduate or postgraduate fellowship-supported study outside the United States, such as a Fulbright grant Participating in a medical fellowship-training program. (See requirements on back of this form)
professional training. (From degree) ! Pursuing a full time course of study at a school	to		studie	es to pursue a directly related health profession

osteopathy, dentistry, pharmacy, podiatry, optometry, or veterinary medicine leading to a diploma, baccalaureate degree or equivalent

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