

THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA

FEDERAL PERKINS (NDSL) STUDENT LOAN DEFERMENT REQUEST

PART I

Name of Borrower _____		
Address (street, apt. no.) _____	() _____ Day Phone	() _____ Evening Phone
City, State, Zip _____		Email: _____ Cell: _____
NAME OF SCHOOL, EMPLOYER, OR VOLUNTEER ORGANIZATION _____		If new address check here <input type="checkbox"/> _____
Soc. Sec. Number _____	Return completed form to: U. T. CHATTANOOGA OFFICE OF THE BURSAR DEPT 6005 615 MCCALLIE AVE. CHATTANOOGA, TN 37403 Voice (423) 425-4474 Fax (423)425-5200	

PART II

- A. Check one block for the appropriate deferment requested.** FT- Means Full-time
1. At least a half-time student. **DO YOU PLAN TO ATTEND THE NEXT ACADEMIC SCHOOL YEAR?** YES NO (check one)
 2. FT Active Duty in Armed Forces.*(branch) _____
 3. FT Officer in Public Health Services.*
 4. FT Volunteer in Peace Corp. Vista Action Program *
 5. FT Volunteer in tax Exempt Organization.*
 6. FT Active Duty Member of National Oceanic and Atmospheric Administration Corps.**
 7. Graduate Fellowship supported program (such as Full-bright grant) outside the U.S.***
 8. Enrolled FT in a Graduate Fellowship Program.**
 9. Internship (Need letter from state licensing Agency, internship required).*
 10. Dentistry Residency Program.***
- *Only for loans received 10/1/80 thru 6/30/93 **Only for loans received 7/1/87 thru 6/30/93 ***Only for Federal Perkins received 7/1/93 and after.

B. PERIOD FOR DEFERMENT	D. Borrower Must Obtain Proper Certification Before Eligibility Can be Determined		
(*OFFICIAL MUST VERIFY DATES)	SECTION - D COMPLETED BY: School, Service Unit, Employer or Volunteer Service Organization(VSO). The VSO must provide with this form, Verification of Tax Exempt Status under Section 501 C (3) of the IRS Code.		
Beginning DATE _____/_____/_____ Mo. Day Yr.	() _____		
Ending DATE _____/_____/_____ Mo. Day Yr.	Name of School, Service Unit or Volunteer Organization. _____ Phone _____		
C. BORROWER'S SIGNATURE I declare the information given above is true and accurate. I will notify UTC of any changes in my status. I understand if I fail to complete the deferred period I have requested, my student loan may become due including payments deferred. SIGNATURE _____ DATE _____	Address _____ City _____ State _____ Zip _____		
	check one:		
	<input type="checkbox"/> I Certify this student is/was at least half-time, receiving credit hours and pursuing a degree for the deferment period entered in Section B. SCHOOL CODE _____ <input type="checkbox"/> I Certify Full-time Active Duty in <u>Armed Forces</u> <u>National Oceanic and Atmospheric Administration Corp.</u> <input type="checkbox"/> I Certify Full-time Volunteer Service in <u>Peace Corp.</u> <u>Vista</u> <u>Action Program</u> <u>Tax Exempt Organization</u> (must provide services comparable to Peace Corps or Action Programs. attach documentation of comparability.) <input type="checkbox"/> I Certify Full-time Officer in the Commissioned Corps of the Public Health Service. <input type="checkbox"/> I Certify Full-time <u>Graduate Fellowship Program</u> <u>Graduate Fellowship supported program outside U.S.</u> Fellowship requires written statement from applicant that explains objectives, reports or other support of fellows progress, Bachelor's Degree and acceptance recommended by institution of Higher Education.		
	BY SIGNING THIS FORM YOU CERTIFY THE INFORMATION STATED IN A-D IS TRUE AND CORRECT		
	Print Name of Certifying Official _____	Title of Certifying Official _____	This space for official Seal or Stamp. IF UNAVAILABLE Provide official Letter of Certification on Letterhead
	(SECTION B) *Signature of Certifying Official _____	Date _____	

COMPLETED BY UTC ONLY	Payments Deferred to: _____	Comment: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Next Payment Due: _____	
wbutc03 Completed by: _____	Title: _____	Date: _____