

**HARVARD UNIVERSITY STUDENT LOAN OFFICE  
INTERNSHIP/RESIDENCY DEFERMENT REQUEST**

RICHARD A. and SUSAN F. SMITH CAMPUS CENTER 953, 1350 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02138  
REQUEST FOR DEFERMENT OF LOAN REPAYMENT OF HARVARD, HPSL, and LDS 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**

_____			( )	_____		
<b>Harvard ID#</b>			<b>Phone</b>			
_____			_____			
<b>Borrower's Name</b>			<b>E-Mail</b>			
_____			_____			
<b>Address</b>	<b>Street</b>	<b>Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	

I am requesting deferment for the period <b>FROM</b> ___ I ___ <b>TO</b> ___ 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)
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**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** \_\_\_\_\_ Date  
 Borrower's Signature

**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.

_____			_____		
<b>Name of Organization/Agency/Institution</b>			<b>Signature of Official</b>		
_____			_____		
<b>Address</b>			<b>Title</b>		
_____			_____		
<b>Address</b>	<b>Street</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
_____			( )	_____	
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Date</b>	<b>Phone</b>	

COMMENTS: \_\_\_\_\_

RETURN certified form to: **Harvard University Student Loan Office, Richard A. and Susan F. Smith Campus Center 953, 1350 Massachusetts Avenue, Cambridge, MA 02138**

Please refer to your Exit Interview, 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](mailto:student_loans@harvard.edu) (617) 495-3782 (800) 315-7192 fax: (617) 496-1858