



HARVARD UNIVERSITY STUDENT LOAN OFFICE
INTERNSHIP/RESIDENCY DEFERMENT REQUEST

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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

Harvard ID#
Borrower's Name
Address Street Apt. #
City State Zip
Phone
E-Mail

I am requesting deferment for the period FROM mo yr TO mo yr I will continue in this deferment status until 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 Administrator, Registrar, or Director of Internship or Residency Study Program)

Anticipated completion or graduation date: mo day yr Name of Degree Program:
Y N Full Time Student in Current Program?

The information in PART 1 above is correct for the period from mo day yr to mo day yr 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
Address Street City State Zip
Signature of Official
Title Date
Official Stamp or Seal (if applicable)
Phone

COMMENTS:

RETURN certified form to: Harvard University Student Loan Office, 1350 Massachusetts Avenue, Rm 801, Cambridge, MA 02138

Please refer to your Exit Interview online, promissory note, or contact the Student Loan Office to determine deferment time limitation and eligibility of your loan(s).

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