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In School Deferment Request Form - INSTITUTIONAL LOANS

Section 1: BORROWER INFORMATION

Check this box if any of your information has changed.

Name: _____ UMID or Last 4 Digits or SSN#: _____
Address: _____ City _____ State _____ Zip Code _____
Phone Number: _____ Cell Phone Number: _____ Email _____

Section 2: BORROWER DETERMINATION OF ELIGIBILITY

You are eligible for this deferment when you are enrolled at least half time in an eligible school. To receive an in-school deferment for a University of Michigan Institutional Loan, the borrower must be enrolled as a regular student in an eligible institution of higher education or a comparable institution outside the United States approved by the Department for deferment purposes. A regular student is one who is enrolled for the purpose of obtaining a degree or certificate.

SECTION 3: BORROWER REQUESTS, UNDERSTANDINGS, CERTIFICATION AND AUTHORIZATION

I request:

- To defer repayment of my loan for the period during which I meet the eligibility criteria outlined in Section 2 and as certified by the authorized official in Section 4.

I understand that:

- I am not required to make payment of loan principal or interest during my deferment.
- My deferment will begin, as certified by the authorized official on the date I became eligible for the deferment.
- My deferment will end, as certified by the authorized official, on the date I no longer qualify for the deferment.
- I will receive a 6-month post-deferment grace period beginning on the date I no longer qualify for the deferment.

I certify that:

- The information I have provided on this form is true and correct.
- I will provide additional documentation to the University of Michigan, as required, to support my deferment eligibility.

I authorize the University of Michigan to contact me regarding my request or my loans at any cellular telephone number that I provide now or in the future using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

Borrower's Signature: _____ **Date** _____

Section 4: AUTHORIZED OFFICIAL'S CERTIFICATION

Note: As an alternative to completing this section, you may attach separate documentation from an authorized official that includes all of the information requested below.

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| <ul style="list-style-type: none"> • The Student is/was enrolled at the school below:
<input type="checkbox"/> Full time
<input type="checkbox"/> At least half time, but less than full time • Is the student enrolled at the school below as a regular student?
<input type="checkbox"/> Yes
<input type="checkbox"/> No | <ul style="list-style-type: none"> • The student's enrollment status begins/began on: _____ • The student's enrollment status ends/ended on: _____ • The student is expected to complete his/her program requirements on: _____ |
|--|--|

I certify, to the best of my knowledge and belief, that the information that I have provided in this section is accurate.

Name of School _____ OPEID _____
Address _____ City _____ State _____ Zip Code _____
Official's Name/Title _____ Telephone _____
Official's Signature _____ **Date** _____

Processed by _____ Date _____