



Student Deferment Application

Deferment option for those attending at least half-time in a course of study, in good standing, at an eligible institution. See Section III for eligibility and certification requirements regarding completion of this request. Less than half-time student status does not defer payments.

Instructions: Provide all information in section I, II, and III. Section III of this form must be signed by the Registrar or Dean of the school. Applications for loans in default will be denied. **WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form has committed the crime of perjury.

I. Borrower Information

SNN or Account Number: _____ Name: _____

Address: _____ City, State, Zip Code: _____

Telephone Number – Primary: _____ Telephone Number – Alternate: _____

Email Address: _____

Indicate the dates for which the deferment is requested: Requested Start: _____ Requested End: _____

II. Terms and Conditions: To be completed by the borrower

I certify I am eligible for deferment of repayment and meet the conditions in the student deferment application indicated above, below, and/or on the reverse side. I also certify that my account is not in default status. I understand the following conditions:

1. My repayment schedule will be amended following the deferment.
2. If I am currently making payments on a reduced payment schedule, my reduced payment agreement is void.
3. All requirements outlined in my promissory note are binding.
4. Monthly payments must be made until I have received notification that this deferment has been approved.
5. If this deferment request is denied, all past due amounts are payable immediately. If alternate financial arrangements are necessary, contact customer service at the address or phone number located above.
6. If I received the loan(s) during or after the 1996-97 school year, interest accrues during hardship agreements, deferment periods and will be capitalized when payments resume.
7. There is a six-month grace period following the deferment end date on loans received for school years 1994-95 or earlier. Interest is charged during this grace period on loans received for school years 1987-88 and after. The total indebtedness will increase when the deferment period ends. When payments resume, accrued unpaid interest must be satisfied before payments are applied to principal.
8. If my loan(s) are currently deferred for any other reason, my deferment may not begin more than 30 days prior to receipt of this completed form.
9. When repayment resumes after this deferment, the minimum monthly payment on my account will be at least \$50.00.



Time Limits: Limits vary depending on the loan.

Table with 4 columns: ID, Letter, Time Limit Service Type, Details. Rows include: A, No maximum, State Loans; B, 2-year maximum, Alternative Consolidation; C, 4-year maximum, PSEP.

Certification: For the purpose of obtaining the deferment indicated above, I authorize the certifying official/institution to release pertinent records to the Alaska Commission on Postsecondary Education. I certify under penalty of perjury that the foregoing is true.

Borrower Signature: _____ Date: _____

I understand that electronically signing and submitting this document to ACPE legally binds me in the same manner as if I had signed in a non-electronic form. By electronically signing, you consent to be legally bound by this Agreements terms and conditions. Your further agree that your use of a key pad, mouse, or other device to electronically sign, constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and ACPE.

III. 3rd Party Certification: To be completed by Registrar or Dean of the school

Agency, Organization, or Branch of Service: _____

Address, City, State and Zip: _____

Type of Internship or Residency Program: _____ OPEID Code of Institution: _____

- Select Enrollment Status: [] Undergraduate/Graduate (enrolled at least half-time in 6 or more credits). [] Vocational (at least half-time attending 15 hours or more per week for at least 6 weeks). [] Flight (full-time at 17 hours per month or 51 hours in 3 months)

I certify that the claimed enrollment status indicated above is correct for the periods of: _____ to: _____ and that any additional conditions for eligibility, as set forth on this form, have been met.

I declare under penalty of perjury that the foregoing is true and correct. The borrower's expected graduation date is: _____

Name of Authorized Certifying Official: _____

Title of Authorized Certifying Official: _____

Phone Number: _____ Email Address: _____

Signature of Certifying Official: _____ Date: _____ (wet signature required)