

**EASTERN VIRGINIA MEDICAL SCHOOL  
REQUEST FOR DEFERMENT OF REPAYMENT  
EVMS LOAN FUNDS**

**PART I – TO BE COMPLETED BY BORROWER**

ACCOUNT NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

**THIS IS TO CERTIFY THAT I WILL BE (CHECK APPROPRIATE ITEM)**

- |  |   |
|--|---|
| <input type="checkbox"/> ACTIVE DUTY IN ARMED FORCES | <input type="checkbox"/> TEMPORARILY DISABLED |
| <input type="checkbox"/> PEACE CORPS                 | <input type="checkbox"/> RESIDENCY            |
| <input type="checkbox"/> ENROLLED AS A STUDENT       | <input type="checkbox"/> GRADUATE FELLOWSHIP  |

FROM (MONTH & YEAR) \_\_\_\_\_ TO (MONTH AND YEAR) \_\_\_\_\_

I claim exemption from payment of principal and accrual of interest on my loan during the period indicated above. I agree to notify the lending institution immediately upon termination of my claimed status. Deferments are not given beyond the date of certification. Therefore:

- CHECK HERE IF YOU EXPECT TO BE ELIGIBLE FOR DEFERMENT AGAIN NEXT YEAR IF SO, THROUGH WHAT DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF BORROWER

\_\_\_\_\_  
DATE

**PART II – TO BE COMPLETED BY CERTIFYING AUTHORITY**

**I CERTIFY THAT THE INFORMATION STATED IN PART I ABOVE IS TRUE AND CORRECT. PERSON NAMED ABOVE IS**

- |   |   |
|---|---|
| <input type="checkbox"/> ENROLLED AS A STUDENT            | <input type="checkbox"/> IN ARMED FORCES      |
| <input type="checkbox"/> IN A RESIDENCY PROGRAM           | <input type="checkbox"/> TEMPORARILY DISABLED |
| <input type="checkbox"/> IN PEACE CORPS VOLUNTEER SERVICE | <input type="checkbox"/> GRADUATE FELLOWSHIP  |

\_\_\_\_\_  
SIGNATURE OF CERTIFYING OFFICIAL

\_\_\_\_\_  
OFFICIAL SEAL OR STAMP

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

**PART III – TO BE COMPLETED BY LENDING INSTITUTION**

- |                                      |                  |                  |
|--------------------------------------|------------------|------------------|
| <input type="checkbox"/> APPROVED    | _____            | _____            |
| <input type="checkbox"/> DISAPPROVED | _____            | _____            |
|                                      | DATE             | DEFERMENT ENDING |
|                                      | NAME OF OFFICIAL | NEXT PAYMENT DUE |