

VIRGINIA COMMONWEALTH UNIVERSITY
UNIVERSITY LOAN DEFERMENT/CANCELLATION REQUEST FORM

Name:	Program(s) and Loan Number(s):
Address:	If New Address Check Here ()
City:	State: Zip Code:
Home Phone Number, Including Area Code:	Return to: VIRGINIA COMMONWEALTH UNIVERSITY Accounts Receivable ██████████ PO Box 843055 Richmond, VA 23284-3055
Social Security Number:	

You must complete the information above and sections A, B, and C below. Section D must be certified by the appropriate organization. See specific instructions below.

DEFERMENTS: Forms must be submitted annually. Section B must specify the **total** length of time for which the status has been in effect and will continue (month and year).

- Military Service or Peace Corp service may indicate deferment eligibility. The full period of service must always be indicated (up to 3 years possible). Section D must be completed by the commanding officer.
- Internship preceding professional practice deferment requires certification of status by your employer (up to 2 years possible). The full period of this internship should always be indicated. Section D must be completed by your employer.

CANCELLATIONS: The additional requested forms must also be attached.

- Death (100% of the outstanding balance). The unpaid balance, including interest, shall be cancelled on the basis of a death certificate or other evidence of death that is conclusive under State law.
- Total and Permanent Disability (100% of the outstanding balance). The unpaid balance, including interest, shall be cancelled if the borrower becomes totally and permanently disabled after receiving the loan. The Physician's Certification of Borrower's Total and Permanent Disability form, available through Accounts Receivable, must be submitted with the cancellation request, along with any other pertinent information.

A. Deferment or Cancellation:

Check the type of deferment requested:

- 1. Deferment by reason of military service, Peace Corp
- 2. Internship preceding professional practice

Check the type of cancellation requested:

- 1. Death
- 2. Total and Permanent Disability

B. Benefit Period:

(Borrower MUST fill in dates)

	Beginning	Ending												
<input type="checkbox"/> Deferment	<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: 8px;">M</td><td style="text-align: center; font-size: 8px;">D</td><td style="text-align: center; font-size: 8px;">Y</td></tr> </table>				M	D	Y	<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: 8px;">M</td><td style="text-align: center; font-size: 8px;">D</td><td style="text-align: center; font-size: 8px;">Y</td></tr> </table>				M	D	Y
M	D	Y												
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<input type="checkbox"/> Cancellation	<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: 8px;">M</td><td style="text-align: center; font-size: 8px;">D</td><td style="text-align: center; font-size: 8px;">Y</td></tr> </table>				M	D	Y	<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: 8px;">M</td><td style="text-align: center; font-size: 8px;">D</td><td style="text-align: center; font-size: 8px;">Y</td></tr> </table>				M	D	Y
M	D	Y												
M	D	Y												

C. Declaration (Borrower Signature):

I declare that the information shown above is true and accurate. I further declare that I will notify Virginia Commonwealth University, Accounts Receivable, immediately upon change in my status. I further understand that if for any reason, I am unable to complete the year of service for which I have requested deferment benefits, I will begin repayment of my loan, including deferred payments, immediately.

Signature of Borrower: _____ Date: _____

D. Certification of Benefit Period and Status (School, Service Unit or Employer only):

Name of School or Service Unit: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ (_____) _____

Signature and Title of Certifying Official: _____ Date: _____

(This space for Institutional Seal – If not available, provide official letter of certification)

(Seal)