



VCU

Treasury Services

VCU Institutional Loans Deferment/Cancellation Request

I am making the request below in accordance with the regulations of my loan program.

Section 1: Borrower Information			
Name			
V#		Last 4 Digits of SSN	
Email Address		Phone Number	
Street Address			
Address 2			
City, State Zip			

DEFERMENTS: Forms must be submitted annually. Section 3 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 3a 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 3a must be completed by your employer.

CANCELLATIONS: Section 4 must also be filled out by a certifying physician.

- 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.

Section 2: Request Type
<input type="checkbox"/> Deferment: Complete Sections 3 and 5
<input type="checkbox"/> Cancellation: Complete Sections 4 and 5

Section 3: Deferment Request			
Deferment Type	Benefit Period (mm/yy)		
<input type="checkbox"/> Military Service or Peace Corp	Begin Date		
<input type="checkbox"/> Graduate Fellowship / Internship Deferment	End Date		
3a: Certification of Benefit Period and Status (Service Unit or Employer only)			
School or Service Unit		Date	
Street Address			
City, State, Zip		Phone	
Certifying Official Name			
Signature			



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Section 4: Cancellation request			
Cancellation Type		Benefit Period (mm/yy)	
<input type="checkbox"/> Death		Begin Date	
<input type="checkbox"/> Total and Permanent Disability			
4a: Physician's Certification			
<p>You are being asked to certify that the applicant is unable to engage in any substantial gainful activity in any field of work by reason of a medically determinable physical or mental impairment that (1) can be expected to result in death; or (2) has lasted for a continuous period of not less than 60 months; or (3) can be expected to last for a continuous period of not less than 60 months.</p> <p><i>(Substantial gainful activity means a level of work performed for pay or profit that involves doing significant physical or mental activities, or a combination of both. If the applicant is able to engage in any substantial gainful activity, in any field of work, you must answer NO. This is not based on whether the applicant can perform his or her current or past job or profession.)</i></p>			
Diagnosis of disabled person's present medical condition:			
Physician's Name		Date	
Street Address		License#	
City, State Zip		Phone	
Physician's Signature			

Section 5: Borrower Certification			
<p>I declare that the information shown above is true and accurate. I further declare that I will notify Virginia Commonwealth University, Treasury Services, immediately upon a 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.</p>			
Signature of Borrower		Date	