GENERAL BENEFIT INFORMATION
FOR GRADUATE FELLOWSHIP DEFERMENT

A borrower is responsible for applying for deferment benefits by completing the appropriate form and providing any further documentation requested by the SUNY Student Loan Service Center (SLSC) to support his or her eligibility for graduate fellowship deferment. Please note that no borrower is eligible for a graduate fellowship deferment while serving in a medical internship or residency program, as per the U.S. Department of Education CFR 674.34(b)(2).

DEFINITION OF A GRADUATE FELLOWSHIP

A borrower may defer repayment if he or she is enrolled and in attendance as a regular student in a course of study that is part of a graduate fellowship program. The program must be approved by the U.S. Department of Education, which includes graduate or postgraduate fellowship-supported study (such as a Fulbright grant) outside the United States.

To receive deferment for enrollment in a graduate fellowship program, you must provide a statement signed by an official of the program certifying that you fulfill specific program requirements and the program itself must meet the following criteria as outlined by the U.S. Department of Education in 34 CFR 682.210(d) below:

(1) To qualify for a deferment for study in a graduate fellowship program, a borrower shall provide the lender with a statement from an authorized official of the borrower's fellowship program certifying--
   (i) That the borrower holds at least a baccalaureate degree conferred by an institution of higher education;
   (ii) That the borrower has been accepted or recommended by an institution of higher education for acceptance on a full-time basis into an eligible graduate fellowship program; and
   (iii) The borrower's anticipated completion date in the program.

(2) For purposes of paragraph (d)(1) of this section, an eligible graduate fellowship program is a fellowship program that--
   (i) Provides sufficient financial support to graduate fellows to allow for full-time study for at least six months;
   (ii) Requires a written statement from each applicant explaining the applicant's objectives before the award of that financial support;
   (iii) Requires a graduate fellow to submit periodic reports, projects, or evidence of the fellow's progress; and
   (iv) In the case of a course of study at a foreign university, accepts the course of study for completion of the fellowship program.

Should you have any questions regarding the completion of this form, please contact one of our loan representatives at the SUNY SLSC for assistance. Please note that only forms with original signatures will be accepted for processing by the SUNY SLSC. Faxed copies of this application will not be processed.
FEDERAL PERKINS LOAN PROGRAM
GRADUATE FELLOWSHIP DEFERMENT REQUEST

NAME: ___________________________  898- ______- ______ OR  ______- ______- ______- ______
(Please print full name) (Enter your SUNY SLSC SID #) (Last 4 digits of SSN)

MAILING ADDRESS: _______________________________________________________________________

PART I: To be completed by applicant.
☐ I declare that I am a FULL-TIME STUDENT in an approved graduate fellowship program studying _________________.

I am requesting a DEFERMENT from _____/_____/______ to _____/_____/______ as I anticipate completing or have been accepted for one full year of graduate fellowship study.

NOTE: No borrower is eligible for a graduate fellowship deferment while serving in a medical internship or residency program, as per CFR 674.34(b)(2).

DECLARATION: I declare all information provided in this request is true and correct. I acknowledge I must provide written official verification from the graduate fellowship program that the graduate fellowship program meets the requirements outlined in 682.210(d). I will notify the SUNY SLSC immediately of any change in my graduate fellowship status and begin payment if required.

Signature of Borrower ___________________________ Date ______________ Email Address ___________________________

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and New York State Penal Law.

PART II: To be completed by the Department Head of the Graduate Fellowship program.

CERTIFICATION: I certify that the official graduate fellowship program verification attachment and the above information is true and correct.

Name/Signature of Department Head (Signature stamp is unacceptable) ___________________________ Date ______________

Title ___________________________
Address ___________________________

Telephone Number ___________________________

PART III: SUNY SLSC Determination:
Deferment Request Approved: Initial/Date:
Deferment Request Denied/Reason:

Return original document by mail to: SUNY Student Loan Service Center

SUNYSLSC WEB 1/2014