

INDIANA UNIVERSITY
Student Loan Administration
P. O. Box 1609
Bloomington, IN 47402-1609
812-855-4511
866-IU LOANS
FAX 812-855-5848

Name

Address

Student ID

STUDENT DEFERMENT APPLICATION

A student deferment is required for each semester of enrollment.

Part I: To be completed by the borrower

I hereby apply for a student deferment for my loans indicated below. Check all that apply:

- Enrolled at least half-time (Perkins Loan)
- Enrolled at least half-time in a school of nursing (Nursing Student Loan)
- Enrolled full-time at a health profession school eligible for participation in HPSL program (Health Profession Student Loan)

From (month/day/year) _____ To (month/day/year) _____

Borrower Signature

Date

Home telephone number

Part II: To be completed by the current school of attendance

I certify that the information stated in Part I above is true and correct.

Name of Institution: _____

City, State, Zip: _____

Title IV Institution OPE ID Code#: _____

Telephone: _____ Date: _____

Signature of Registrar: _____

For IU Use: approved disapproved by _____ date _____

Processed by _____ begin date: _____ end date: _____

DFST-0101

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**A STUDENT DEFERMENT FORM IS REQUIRED FOR EACH SEMESTER OF ENROLLMENT
DO NOT HAVE THIS FORM COMPLETED UNTIL AFTER YOUR CLASSES HAVE STARTED**