

**OCCIDENTAL COLLEGE  
STUDENT LOAN  
REQUEST FOR DEFERMENT**

**STUDENT DEFERMENT:** Student deferment status is available if you are enrolled full-time at an accredited post-secondary institution. A student continuing his/her education should submit this deferment form at the of beginning of each term indicating enrollment dates. **Section (A) type of deferment - Section (B) enrollment period - Section (C) signature, date and social security number - Section (D) to be completed by your current Registrar's Office or certifying official.**

**Mail Form to: ATTN: Student Business Services 1600 Campus Road, Los Angeles, CA 90041**

**Fax: 323-341-4880**

Print Name \_\_\_\_\_

Street Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_

New Address - Yes \_\_\_\_ No \_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

**A. DEFERMENTS: (Please refer to your promissory note for specific eligibility requirements.)**

1. \_\_\_ enrolled and attending as a regular student in at least a half-time course of study
2. \_\_\_ enrolled and attending as a regular student in a graduate fellowship program
3. \_\_\_ engaged in graduate or post-graduate fellowship-supported study outside the US
4. \_\_\_ enrolled and attending a rehabilitation training program for disabled individuals
5. \_\_\_ a member of the US Armed Forces on active duty
6. \_\_\_ a Peace Corps, VISTA or ACTION volunteer

**B. DEFERMENT PERIOD:**

\_\_\_\_\_ **BEGINNING DATE**

\_\_\_\_\_ **ENDING DATE**

**C. DECLARATION (BORROWER SIGNATURE):**

I declare that the information shown above is true and accurate. I further declare that I will notify my lender or billing service, ACS, immediately upon change in my status. I further understand that if, for any reason, I am unable to complete the term of service for which I have requested deferment benefits, I will begin immediate repayment of my loan, including deferred payments.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ ACCT # \_\_\_\_\_

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**D. CERTIFICATION OF BENEFIT PERIOD AND STATUS:**

\_\_\_\_\_  
NAME OF SCHOOL

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
SIGNATURE AND TITLE OF CERTIFYING OFFICER

\_\_\_\_\_  
SEAL