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INSTRUCTIONS FOR COMPLETING THE CONTINUING EDUCATION DEFERMENT REQUEST

Section 1: ~~Section~~ ^Y ~~1~~ ^{over} Border Identification



Continuing Education Studies Request for Deferment

Not for use for Federal Perkins Loans

: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

SECTION 1: BORROWER INFORMATION (*) Indicates required fields

Please enter the following information.

Check this box if any of your information has changed.

SSN (if none, leave blank) _____ Student ID (if none, leave blank) _____

First Name (*) _____ Middle Name/Initial _____ Last Name (*) _____

Address (*) _____

City (*) _____ State (*) _____ Zip Code (*) _____

Telephone –Primary (*) _____ Telephone - Alternate _____

Email Address _____

School or Lender Name (*) _____ ECSI School Code (*) _____

SECTION 2: INSTRUCTIONS

A deferment may be available if you are:

- A full-



SECTION 3: APPLICANT STATEMENT (*) Indicates required fields

I am applying for a deferment because (*) (check one of the following options)

I am a full-time student.

I am at least a half-time student.

I am completing an internship or residency program.

I am enrolled in a course of study that is part of a Department of Education approved rehabilitation training program for disabled individuals.

I am completing a Graduate or Fellowship program.

I am completing a Dental Internship.

I want my deferment to start on (*)

I want my deferment to end on (*)

Please note that the maximum deferment period per request is 12 months. If you want to be longer than 12 months, you must complete another request form at least 30 days prior to the expiration of your current deferment.

SECTION 4: SCHOOL, AGENCY, OR INSTITUTION CERTIFICATION

This section must be completed by your school, agency or institution where you are currently enrolled and attending.

Name of Organization (*) _____ OPEID (if applicable) _____

Program Description (*) _____

Organization Address (*) _____

Organization City (*) _____ State (*) _____ Zip Code (*) _____

Enrollment Start Date (*) _____ Enrollment End Date (*) _____

Name of Authorized Official (*) _____

Title of Authorized Official (*) _____

Signature of _____



SECTION 5: BORROWER CERTIFICATION AND AUTHORIZATION

I understand that:

- 1) This request will not be granted unless all applicable sections of the form are completed and requested documents are submitted and
- 2) All final decisions regarding my deferment eligibility will be made in accordance with applicable Federal regulations.

I certify that:

- 1) The information I have provided on this form is true and correct;
- 2) I will provide additional documentation, as required