

PORTLAND STATE UNIVERSITY
NDS/Perkins
Rehabilitation Training Deferment Request

INSTRUCTIONS: Complete Part 1 below. Deferments may be filed for a maximum of one year at a time. If your deferment eligibility is for more than one year you must file annually.

Have the form certified and returned to P.S.U. PO Box 202, Portland OR 97207-0202

No deferment action is possible until the properly completed form reaches Portland State University. Failure to promptly file this form may result in the assessment of late fees or the loan being declared in default.

Part 1 - TO BE COMPLETED BY THE BORROWER

Name _____ PSU SID Number _____

Address _____
Street City State Zip

This is to certify that I am pursuing a course of study in an approved rehabilitation training program for disabled individuals. Documentation required: A statement from the rehabilitation agency certifying that

- 1) the borrower is either receiving or scheduled to receive training services designed to rehabilitate disabled individuals;
- 2) that one of the following entities licenses, approves, certifies, or otherwise recognizes the rehabilitation program as providing rehabilitation training to disabled individuals:
 - a state agency with responsibility for vocational rehabilitation programs **or**
 - a state agency with responsibility for drug abuse treatment programs **or**
 - a state agency with responsibility for mental health services programs **or**
 - a state agency with responsibility for alcohol abuse treatment programs; or the U.S. Department of Veterans Affairs
- 3) and that the program provides or will provide the borrower with rehabilitation services under a written plan that
 - a) is individualized to meet the borrower's needs;
 - b) specifies the date on which the services to the borrower are expected to end; and
 - c) is structured in a way that requires the borrower's substantial commitment to his or her rehabilitation.

U.S. Department of Education considers a substantial commitment to be one of time and effort that would normally prevent an individual from engaging in full-time employment either because of the number of hours that must be devoted to rehabilitation or because of the nature of the rehabilitation.

I claim exemption from payment of principal and accrual of interest on my National Direct Student/Perkins/Federal Perkins Loan for the period from _____ to _____
Month/Day/Year Month/Day/Year

I agree to notify Portland State University immediately upon termination of my claimed status.

Signature _____ Date _____

Part 2 - TO BE COMPLETED BY THE CERTIFYING AUTHORITY:

Name of rehabilitation training program organization _____

Address _____

I certify that the information in Part 1 is true and correct. Our program meets the criteria in 1) and 3) above and is recognized as in 2) above

by _____

Name and address of recognizing agency

Training Program Seal or Stamp

SIGNATURE AND TITLE _____ Date _____

Part 3 - FOR P.S.U. OFFICE USE ONLY:

Approved transaction or reason disapproved: _____

Input Date _____ By _____