



C. Ceases to pursue the course of study at

1. A school of medicine, osteopathy, dentistry, pharmacy, podiatric medicine, optometry, or veterinary medicine, but (1) reenters the same or another such school within the applicable grace period (1 year); or (2) engages in a full-time educational activity as defined by regulations of the Secretary of Health and Human Services, with the intent to return to the school as a full-time student.
2. A school of nursing leading to a diploma or associate degree in nursing, a baccalaureate degree in nursing or an equivalent degree, or to a graduate degree in nursing, but re-enters the same or another such school within the grace period (9months).

This is to certify that I am/was a full-time health professions or full or half-time nursing student at \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_ pursuing a course of study leading to a \_\_\_\_\_ (Degree).

D. Performs active duty as a member of a uniformed service or as a volunteer under the Peace Corps Act.  
This is to certify that I was in the (enter Peace Corps or name of uniformed service) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_.

E. Pursues training as a nurse anesthetist at: \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

**PART III - CERTIFICATION OF DEFERMENT STATUS** - To be completed by Official Authorizing Borrower's status.  
(NOTE: Completion PART III is not required for internship or residency training activity.)

Please complete this Certificate of Deferment form and return to the borrower.

A. To be completed by official of institution where borrower is/was enrolled:

I certify that the information stated in (Check appropriate space) Part II:  
\_\_\_\_A1 \_\_\_\_A2 \_\_\_\_C1 \_\_\_\_C2 (or) \_\_\_\_E above, is true and correct.

|   |                                       |
|---|---------------------------------------|
| NAME AND ADDRESS OF SCHOOL OR HOSPITAL: | NAME AND TITLE OF AUTHORIZED OFFICIAL |
|   | SIGNATURE OF AUTHORIZED OFFICIAL/DATE |

B. To be completed by the Commanding Officer or Peace Corps Official.  
I certify that the information stated in Part II - D, above is true and correct.

Borrower's Uniformed Service\* Serial Number: \_\_\_\_\_

|  |  |
|--|--|
| NAME AND ADDRESS OF UNIFORMED SERVICE OR PEACE CORPS OFFICIAL: | NAME AND TITLE/RANK OF COMMANDING OFFICER OR PEACE CORPS HEADQUARTERS: |
|  | SIGNATURE OF COMMANDING OFFICER OR PEACE CORPS OFFICIAL/DATE           |

**PART IV - INSTITUTIONAL ACTION** - To be completed by school (or its agent) from which loan was made

\_\_\_\_APPROVED \_\_\_\_DISAPPROVED REASONS FOR DISAPPROVAL \_\_\_\_\_

|                             |   |
|-----------------------------|---|
| NAME AND TITLE OF OFFICIAL: | SIGNATURE OF AUTHORIZED OFFICIAL AND DATE |
|-----------------------------|---|

\*The uniformed services of the United States are the Army, Navy, Marine Corps, Air Force, Coast Guard, National Oceanic and Atmospheric Administrations Corps, and the U.S. Public Health Service Commissioned Corps.

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines and imprisonment under Federal Statute.