



Request for Deferment

Boston College
Office of Student Services
Chestnut Hill, MA 02467

This section to be filled out in ink by the borrower.

Borrower Information	NAME	SOCIAL SECURITY NUMBER
	ADDRESS	CHECK IF NEW ADDRESS <input type="checkbox"/>
	CITY	STATE ZIP
	DAY TELEPHONE ()	EVENING TELEPHONE ()

This section to be filled out in ink by the borrower.

Deferment		BEGINNING DATE		ENDING DATE	
		MONTH	YEAR	MONTH	YEAR
	<input type="checkbox"/> I was at least a half-time student from:				
	<input type="checkbox"/> I was enrolled in an approved graduate Fellowship program from:				
	<input type="checkbox"/> I participated in an eligible residency or internship program from:				
	<input type="checkbox"/> I was enrolled in an approved rehabilitation training program from:				
	<input type="checkbox"/> I was on full-time duty in National Oceanic and Atmospheric Administration Corps from:				
	<input type="checkbox"/> I was a full-time volunteer in Peace Corps or ACTION program from:				
	<input type="checkbox"/> I was a full-time volunteer in a tax-exempt organization from:				
	<input type="checkbox"/> I was on parental leave from:				
	<input type="checkbox"/> I was the mother of a preschool aged child who entered or reentered the workforce at not more than \$1 above minimum wage from:				
	<input type="checkbox"/> I was an Officer in the U.S. Health Service from:				
	<input type="checkbox"/> I was a member of the U.S. Armed Services from:				

This section to be filled out in ink by a certifying official or registrar.

Certification of Status	I certify that the borrower's declaration as shown above is true and correct as to periods of service and description of duties (as checked above).					
	NAME OF INSTITUTION	OPE ID #				
	ADDRESS					
	CITY	STATE ZIP				
	SIGNATURE OF AUTHORIZED OFFICIAL					DATE
	TITLE					
	TELEPHONE NUMBER ()					
	STATUS (circle one)					
FULL-TIME	AT LEAST HALF-TIME	LESS THAN HALF-TIME				

This form is invalid without the following: borrower's signature, Social Security number, beginning and ending dates, and complete certification.
I hereby claim that the above information is true. I agree to notify the lending institution immediately upon termination of my claimed status.

SIGNATURE OF BORROWER

DATE

Please return this form to:
Boston College, Office of Student Services, 140 Commonwealth Avenue, Lyons Hall, Chestnut Hill, MA 02467