

**REQUEST FOR DEFERMENT FOR TEACHING – FEDERAL PERKINS LOAN  
UNIVERSITY OF CENTRAL MISSOURI**

(PLEASE COMPLETE IN INK)

<b>UCM ID NUMBER:</b>	<b>EMAIL:</b>
<b>NAME:</b>	Return form to: UCM – Perkins PO Box 800 Ward Edwards 1100 Warrensburg, MO 64093 Phone: 660-543-4661 Fax: 660-543-8007
<b>ADDRESS:</b>	
<b>CITY: STATE: ZIP:</b>	
<b>WORK PHONE: CELL:</b>	

COMPLETION OF THIS FORM DOES NOT GUARANTEE ELIGIBILITY. FOR MORE INFORMATION ON ELIGIBILITY REQUIREMENTS PLEASE VISIT:  
[ucmo.edu/sfs/explore/repayingperkins.cfm](http://ucmo.edu/sfs/explore/repayingperkins.cfm)

<b>Full-time Teacher - Please check one:</b>  <input type="checkbox"/> Elementary/Secondary low-income school determined by the Federal Gov't <input type="checkbox"/> Special Education for Infants/Toddlers/Youth with Disabilities (Classroom must be 100% Special Education) <input type="checkbox"/> Mathematics, Science, Foreign Language, Bilingual Education or state designated shortage area. Subject taught: _____ <input type="checkbox"/> Head Start/Pre-kindergarten/Childcare (Job description may be required)	Name of SCHOOL _____ DISTRICT _____
	City _____ State _____ Zip _____
	_____

**DECLARATION:**

\_\_\_ I request **DEFERMENT OF PAYMENTS** for the **ACADEMIC** year based on my **EMPLOYMENT AS A FULL-TIME TEACHER**. My **ACADEMIC** year **BEGAN** \_\_\_/\_\_\_/\_\_\_ **AND ENDS** \_\_\_/\_\_\_/\_\_\_.

You must read and agree:

- \_\_\_ I understand my eligibility for this benefit will not be reviewed until all applicable late fees have been paid. Payment of late fees does not guarantee approval for benefit.
- \_\_\_ I understand that if, for any reason, I do not complete the year of service for which I have requested deferment benefits, I will begin repayment of my loan following my 6-month grace period.
- \_\_\_ I understand my updated status will be available at: <https://clmweb.ucmo.edu/bwa>

**\*\*REQUIRED\*\*** Signature of Borrower \_\_\_\_\_ Date Signed: \_\_\_\_\_

**BORROWER – YOU MUST SUBMIT THIS FORM TO YOUR EMPLOYER FOR COMPLETION OF THE SECTION BELOW.**

<b>Employer Certification of Employment:</b>  Date of Hire: ___/___/___  Currently Employed: ___ Yes ___ No If no, last date of employment: ___/___/___  Status: ___ Full Time ___ Part Time ___ Hours per week  If borrower is a shortage area teacher, please specify subject: _____  Employer Name: _____  Address: _____  City: _____ State: _____ Zip: _____  Telephone: _____  I certify borrower is employed full-time. I further certify that the information provided above by the borrower regarding his/her employment is true and correct.	This space is provided for the organization's official seal or stamp. **If one is not available, provide a letter of certification confirming the borrower's service, employment, or enlistment on official letterhead and include the employee's start date and full time status.
	<b>Official Use Only:</b>  <b>Deferment:</b> ___ Approved ___ Denied  <b>Cancellation:</b> ___ Approved ___ Denied  Date _____ By _____
Signature _____ Date _____  Printed Name _____ Title _____	