CERTIFICATION OF DEFERMENT STATUS
Ordean Foundation Loan

Please Print:

Name			**Social Security No.**
Address (Apt. Street)			**Check if new address** ☐
City	**State**	**Zip**	**Day Telephone** ( )
Institution that granted this loan(s)			**Evening Telephone** ( )

INSTRUCTIONS

Return this completed form to : UMD Financial Collections.
129 Darland Administration Building
1049 University Drive
Duluth, MN 55812

To claim deferment of repayment of your loan, a Certification of Deferment Status form must be filed. It is the responsibility of the borrower seeking deferment to return this properly executed form 1) when the first repayment installment is due; 2) annually thereafter, as long as status is claimed; and 3) upon termination of status. The authorized official at the institution which the borrower is attending must attest to the validity of the statement before the form can be approved.

Part I – Request for Deferment – To be completed by borrower

I claim deferment of repayment of principal and interest on my Ordean Foundation Loan for the period from _____ to _____ for the reason checked below.

☐ I am pursuing advanced professional training including internships and residencies.

☐ I am beginning a fellowship training program within twelve months of the APT as described in 1. above, or a full-time educational activity which is directly related to the health profession for which I prepared .

☐ I have a temporary total disability as established by a qualified physician or am caring for a disabled dependent that prevents employment. ***Additional form required. Please contact our office for more information.***

☐ I am experiencing a financial hardship as determined and approved by the University.
Additional form required. Please contact our office for more information.

Date	**Signature of Borrower**

Part II – Certification of Status

BORROWER MUST OBTAIN CERTIFICATION BEFORE ELIGIBLITY CAN BE DETERMINED.

To be certified by official of institution where borrower is enrolled or pursuing advanced professional training.
I certify that the applicant's current course of study leads to a _____degree.

Name of Organization	***I certify that the information stated above is true and correct.**
_____	Signature and Seal of Authorized Official Title of Certifying Official
Address (P.O. Box/Street)	
_____	
City State Zip	
_____	_____
	Printed Name of Certifying Official Date Phone No.