



2017 – 2018 US In-School Deferment: Form Completion Request

Last Name, First Name	
Social Security Number	
UT Student Number	
utoronto e-mail address	

I will be registered in full-time studies in the 2017-2018 academic year for the following months (Check one):

- | | |
|--|--|
| <input type="checkbox"/> September – December only | <input type="checkbox"/> September – April (8-month program) |
| <input type="checkbox"/> January – April only | <input type="checkbox"/> September – August (12-month program) |
| <input type="checkbox"/> May – August only | |

Percentage of course load for registration period _____ % **OR** _____ No. of full-course equivalents

Anticipated Completion of Degree Studies – Month (Check one): December April August

Anticipated Completion of Degree Studies – Year: _____

Processing Time

Enrolment Services will submit the completed form directly to your loan servicer **within 5 business days**.

- Enrolment Services will only contact you should there be a problem in completing your form.

Loan Servicer Information

If this section is left blank, student MUST complete the Student Pick-up section below.

Name of Loan Servicer _____

Fax Number of Loan Servicer _____

Student Pick-up (optional)

- I wish to pick up my form in person with my photo ID in **5 business days**. I will be responsible for submitting the completed In-School Deferment form to the loan servicer myself.

- Enrolment Services will only contact you should there be a problem in completing your form.

Declaration and Signature: I declare the above information to be true and complete in all respects and will notify Enrolment Services immediately by e-mailing usa.financialaid@utoronto.ca if my academic or financial status changes.

Student Signature _____ **Date** _____