

Phone: 512-475-7779, opt. 3

THE UNIVERSITY OF TEXAS AT AUSTIN

Fax: 512-471-0212

perkins@austin.utexas.edu

PERKINS COLLECTION SERVICES

PO Box Q

AUSTIN, TEXAS 78713-8917

**INTERNSHIP / RESIDENCY  
DEFERMENT REQUEST**

**It is the Borrower's responsibility to ensure this form is complete and reaches our office in a timely manner.**

Name: \_\_\_\_\_ \* UT EID OR SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Apt # \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: (day) (\_\_\_\_) \_\_\_\_\_ (night) (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Is this a new address: yes [ ] no [ ]

**PART I – I certify that I am serving an eligible internship / residency and that the following is true:**

[ ] Bachelor's Degree \_\_\_\_\_ [ ] Internship is required for state certification / licensing  
Field of study Yr. Awarded

**NOTICE: You must attach letter of certification from the appropriate state licensing agency requiring completion of the internship / residency program.**

**You must also attach a letter from the organization where you will be an intern / resident stating that an undergraduate degree is required, that you have been accepted into the internship program and the dates the program begins and is expected to end.**

Organization: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip Code

Deferment period: \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

I claim exemption from payment due to my participation in an intern / residency program. I declare that the information above is true and accurate. I further declare that I will notify The University of Texas at Austin immediately of any change in my status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II – TO BE COMPLETED BY THE CERTIFYING OFFICIAL:**

I certify that the applicant named above is participating in an internship / residency program that requires an undergraduate degree, and that the internship program is required for state certification and that the dates given in Part 1 are correct.

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

Institution or Organization \_\_\_\_\_ Phone: Area Code Number \_\_\_\_\_

Address (city, state, zip) \_\_\_\_\_ Fax: Area Code Number \_\_\_\_\_

**PART III - TO BE COMPLETED BY LENDING INSTITUTION:** [ ] Approved \_\_\_\_\_ [ ] Disapproved \_\_\_\_\_

Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_

[ ] First yr. of deferment [ ] Second yr. of deferment Dates processed: \_\_\_\_\_

\* If you do not know your UT EID, disclosure of your Social Security number (SSN) is requested from you in order for The University of Texas at Austin to process this form. No statute or other authority requires that you disclose your SSN. Failure to provide your SSN, however, may result in a delay in processing. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.