

**CERTIFICATION OF OPTIONAL FORBEARANCE OR DEFERMENT STATUS**  
**UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE**  
**INSTITUTIONAL LOANS**

**Return Form To:** Campus Partners  
P.O. Box 2901  
Winston-Salem, NC 27102-2901  
Fax: (336) 607-2093

**Must Be Submitted:** (a) Immediately after receipt of first billing (prior to payment due date)  
(b) Annually thereafter for as long as the status is claimed.

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List All University Loan Account Numbers Below:

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Full Name of Borrower: \_\_\_\_\_

Address of Borrower: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone #s: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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**Part I REQUEST FOR OPTIONAL FORBEARANCE: principal deferred; interest accrues and is due monthly (Exception: no interest payments due on Stribling or AMA Loans)**

I am requesting optional forbearance because:

- ☐ I am pursuing advanced professional training in an internship or residency.  
☐ I am performing mandatory active duty as a member of the U.S. Armed Forces (other than service required to repay a Military Health Professions Scholarship.)  
☐ I am in fellowship training or a full-time educational program related to my M.D.  
☐ Special forbearance approved by the UVA School of Medicine Director of Financial Aid (Special forbearance monthly payment: \$ \_\_\_\_\_)

Begin Date of above: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated End Date of above: \_\_\_\_/\_\_\_\_/\_\_\_\_ (12mo increments)

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**Part II: REQUEST FOR DEFERMENT; principal deferred; no interest accrues**

I am requesting full deferment of my loan(s) because:

- ☐ I am pursuing an M.D. Degree at the University of Virginia School of Medicine.  
☐ I am pursuing an M.D. Degree at a medical school other than the University of Virginia.  
☐ Special deferment approved by the UVA School of Medicine Director of Financial Aid

Begin Date of above: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated End Date of above: \_\_\_\_/\_\_\_\_/\_\_\_\_ (12mo increments)

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I agree to notify Campus Partners immediately upon termination of above checked forbearance or deferment status. I understand that I can make voluntary payments while in forbearance or deferment.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

**Certification of Above Status By Authorized Official:**

(For residency or fellowship, must be Program Director or designee. If a student, must be the registrar or designee. For special forbearance/deferment above, must be the UVA School of Medicine Director of Financial Aid.)

I certify that the information stated in Part I or Part II above is true.

\_\_\_\_\_  
Name of Official

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Date

Name and address of institution represented:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved

Disapproved

Date

Signature