

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

Return Form To: University of Virginia c/o ECSI
P.O. Box 1278
Warrendale, PA 15090
Fax: 844-365-8099

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

List All University Loan Account Numbers Below:

Full Name of Borrower: _____

Address of Borrower: _____

Email address: _____

Telephone #s: Home: _____ Work: _____

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)

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

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

- I am pursuing a degree at the University of Virginia (must be enrolled at least half-time).
 I am pursuing a degree at a school other than UVA (must be enrolled at least half time).
 Special deferment approved by the UVA School of Medicine Director of Financial Aid

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

I agree to notify the servicer 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