



**REQUEST FOR DEFERMENT OF REPAYMENT
INSTITUTIONAL LOANS
FELLOWSHIP TRAINING**

PART I – GENERAL INFORMATION (To be completed by borrower)

Name of Borrower _____ SSN _____

Address _____ NEW

City, State, Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

E-Mail Address _____

Graduation Date _____

Fellowship Training Dates _____ To _____

SIGNATURE _____ **DATE** _____

PART II – CERTIFICATION (To be completed by appropriate official)

I certify that the information stated in Part I is true and correct. The borrower named above is/was serving on an approved fellowship training with our organization during the following dates:

FROM _____ TO _____

Name of Institution/Organization _____

Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

Contact Name _____ Title _____

Signature _____ **Date** _____

Part III – LENDING INSTITUTION ACTION (MWU use only)

Type _____

Signature of approving official _____ Date _____

Deferment Dates: From _____ To _____

◆◆◆◆◆ A Deferment Form must be completed for EACH year you are applying for deferment ◆◆◆◆◆

All arrangements must be approved by the Lending Institution only. Please mail or fax completed form to:

MIDWESTERN UNIVERSITY
SFS-Loan Repayment Office
555 31st Street Downers Grove, IL 60515

Tel: 866-729-2698 * 630-515-6352 * 630-515-6353 Fax: 630-515-6384