



Request for Internship/Residency Deferment

This form must be **RETURNED DIRECTLY TO MIDWESTERN UNIVERSITY**, at the address or fax listed above. Do not return the form to ECSI since the school needs to approve these benefits, and you will only delay a response to your request. Incomplete or illegible forms will be denied. If you fail to submit this form to the school by the payment due date, MWU is required to consider your loan past due, and we must take actions to collect as required by program regulations.

PART I - BORROWER CONTACT AND PERSONAL INFORMATION (Please Print)

Name	SSN (Last 4 digits)
Address	Home Phone
City State Zip	Cell Phone
Email Address	Work Phone

PART II - DEFERMENT REQUEST

I request deferment of repayment of principal and interest on the following loan(s):

CCOM/AZCOM Loan _____ * Primary Care Loan (PCL) _____ HPSL Loan _____ Lucas Loan _____ Edna Dunning _____

I am currently engaged in an **Internship Program** for the next 12 months FROM _____ TO _____
Therefore, I am requesting deferment of my loan(s) to cover the period specified above.

I am currently engaged in a **Residency Program** for the next 12 months FROM _____ TO _____
Therefore, I am requesting deferment of my loan(s) to cover the period specified above.

PART III – BORROWER UNDERSTANDINGS, CERTIFICATIONS, AND AUTHORIZATION

I understand that:

1. The extent of benefits granted depends on the regulation(s) that govern my loan type and when my loan was made.
2. I am not required to make payments of loan principal during my deferment and that interest will not accrue.
3. Any penalties added to my account due to late submission may need to be paid before my request can be processed.
4. *As a Primary Care Loan recipient I **MUST** submit the primary care certification of compliance form on an annual basis as well.
5. *As a Primary Care Loan recipient I **must enter and complete** a residency training program in primary health care **not later than four years** after the date on which I graduated from Midwestern University.
6. As a HPSL Dentistry Loan recipient I must participate in a residency program in General Dentistry.
7. The request for internship/residency deferment must be completed on an annual basis when applying for this benefit.

I certify that:

1. The information I have provided on this form is true and correct.
2. I will provide additional documentation to my loan holder, as required, to support my deferment status.
3. I have read and understand what has been specified on this document.

I **authorize** Midwestern University and their respective agents and contractors to contact me regarding my request or my loan(s), including repayment of my loan(s), at the number that I provided on this form or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

Borrower's Signature _____ Date _____

All completed, dated, and signed pages MUST be received. Incomplete or illegible forms will be denied.

PART IV – AUTHORIZED OFFICIAL’S CERTIFICATION (Please Print)

I certify, to the best of my knowledge that the information stated in Part II is true and correct. The borrower named in Part I is/was training on an approved internship/residency program with our organization during the following dates:

FROM _____ **TO** _____
(mm/dd/yy) (mm/dd/yy)

Name of Institution/Organization _____

Name of Internship/Residency Program _____

Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

Authorized Official’s Name _____ Title _____

Authorized Official’s
Signature _____ **Date** _____

****FOR MIDWESTERN UNIVERSITY STUDENT LOAN ADMINISTRATION USE ONLY****

LOAN TYPE: _____ DEFERMENT CODE: _____

ECSI W/PROCESS MWU W/PROCESS

DEFERMENT PERIOD: From _____ To _____ VERIFIED BY: _____ Date _____

Approving Official’s
Signature _____ Date _____

APPROVED INCOMPLETE/DENIED

Notes _____

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