



# INTERNSHIP / RESIDENCY FORBEARANCE REQUEST FORM

## BORROWER INFORMATION

Name	SSN / Account #	
Street Address	Daytime Phone # (        )	Evening Phone # (        )
City                      State                      Zip	E-mail Address	

## REFERENCE INFORMATION

Name (Relative; not living with you)	Relationship	
Street Address, City, State & Zip	Daytime Phone # (        )	
Name (Relative; not living with you)	Relationship	
Street Address, City, State & Zip	Daytime Phone # (        )	

## EMPLOYMENT INFORMATION

Employer's Name	Phone # (        )	
City	State	Zip

The Internship/ Residency Forbearance is available if your two year Internship Deferment eligibility has expired or you are not eligible for an Internship Deferment because of the terms of your Promissory Note. This Forbearance is granted in yearly increments and you must re-apply annually. To qualify for the Forbearance you must complete and return to UHEAA this Request form and a statement from an organization official certifying:

- That the internship or residency program is a supervised training program that requires the completion of at least a bachelor's degree before acceptance into the program.
- That you have been accepted into the program.
- The anticipated dates on which you will begin and complete the program, or begin and complete the minimum period of participation in the program that the state requires before an individual may be certified for professional practice or service, whichever is less.
- For a medical internship or residency training program performed at a hospital, health care facility, or institution of higher education, you must provide certification from an authorized official of the internship/residency program. The certification must include a statement that completion of the program leads to a degree or certificate awarded by a hospital, health care facility, or institution of higher education that offers postgraduate training.
- For a non-medical internship program that is required of you to begin professional practice of service, you must provide certification from both the authorized program official and the appropriate state licensing agency. The certification must include a statement that completion of the program is required before you can begin professional practice or service.

Remember, a Forbearance is a temporary postponement of your monthly payment. During a period of forbearance you will be responsible for the interest accruing on your loan(s). Unpaid interest may be capitalized (added to your loan principal) no more frequently than quarterly and at the end of the forbearance period, even if the promissory note indicates otherwise. Unpaid interest on a Stafford loan disbursed on or after July 1, 2000 may be capitalized at the end of the forbearance period. Capitalizing interest increases the amount you will ultimately pay on your loans, and may result in a higher payment amount after the forbearance period has ended. You may make interest payments during a forbearance period. **If you are past due on your payments, please return this form to us immediately!** Collection activities will continue until this form is received and approved.

## FORBEARANCE REQUEST & AGREEMENT

I certify that I am willing to repay my educational loan(s); however, I am temporarily unable to make payments at this time due to an internship / residency. I understand that the maximum length of a single forbearance agreement cannot exceed 12 months. Any outstanding interest will be capitalized as stated above; therefore, my repayment terms may be affected. I agree to the terms of this forbearance and agree to repay my loan(s) upon the expiration of this forbearance and in accordance with the terms of my promissory note(s).

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

**MAIL OR FAX THIS FORM TO:**  
**UHEAA, Attn: Account Services, PO Box 45202,**  
**Salt Lake City, UT 84145-0202**  
**Fax (801) 366-8431**