



# INTERNSHIP/RESIDENCY FORBEARANCE REQUEST

## Federal Family Education Loan Program

**IRFB**  
Internship/Residency

**SECTION 1: BORROWER IDENTIFICATION** **PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK**

Please correct or, if information is missing, enter below.

SSN |\_\_|\_|\_|-|\_\_|\_|-|\_\_|\_|\_|\_|

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone - Home ( ) \_\_\_\_\_

Telephone - Other ( ) \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_

**SECTION 2: FORBEARANCE REQUEST**

*Before completing this form, carefully read the entire form, including the instructions and other information in Sections 5, 6, and 7. YOU MUST HAVE AN AUTHORIZED OFFICIAL COMPLETE SECTION 4.*

■ If this forbearance request is approved, I want to (check one):

- temporarily stop making payments; or
- make smaller payments of \$\_\_\_\_\_ per month.

■ I meet the required conditions stated in Section 7 for the forbearance checked below and request that FedLoan Servicing grant a forbearance on my loan(s) beginning (MM-DD-YYYY) |\_\_|\_|-|\_\_|\_|-|\_\_|\_|\_|\_| and ending (MM-DD-YYYY) |\_\_|\_|-|\_\_|\_|-|\_\_|\_|\_|\_| for a period not to exceed 12 months. At the end of the forbearance, I may apply to renew the forbearance if I meet the required conditions.

■ I am engaged in a MEDICAL OR DENTAL INTERNSHIP/RESIDENCY program that (check one):

- must be successfully completed before I may begin professional practice or service (state licensing agency certification required); or
- leads to a degree or certificate awarded by an institution of higher education, a hospital, or a health care facility that offers postgraduate training.

**SECTION 3: BORROWER UNDERSTANDINGS AND CERTIFICATIONS**

■ I understand that the following terms and conditions apply to this forbearance request:

- (1) I will continue to receive billing statements for my current payment amount which I must pay until I am notified by my servicer that my forbearance request has been granted.
- (2) FedLoan Servicing may grant me a forbearance on my loans for up to 60 days, if necessary, for the collection and processing of documentation related to my forbearance request. FedLoan Servicing will not capitalize interest that accrues during this forbearance.
- (3) FedLoan Servicing will not grant this forbearance request unless this form is completed and any required documentation is provided.
- (4) During the forbearance period, I am not required to make payments of loan principal and interest, but interest will be charged on all of my loans.
- (5) If I requested a temporary suspension of payments, I will receive an interest statement, and I may pay the interest at any time. If I do not pay the interest that accrues on my loan(s), it will be capitalized at the end of the forbearance period.
- (6) If I requested a reduced payment forbearance, I will receive a monthly bill for the requested payment amount until the forbearance ends, and any unpaid interest that has accrued during the period will be capitalized at the end of the forbearance period.

■ I certify that:

- (1) The information I have provided on this form is true and correct.
- (2) I will provide additional documentation to my servicer, as required, to support my continued forbearance status.
- (3) I will notify my servicer immediately when the condition that qualified me for the forbearance ends.
- (4) I have read, understand, and meet the eligibility requirements of the forbearance for which I have applied.
- (5) Upon termination of this forbearance, I will repay my loan(s) according to the terms of my promissory note and repayment schedule.

BORROWER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION 4: AUTHORIZED OFFICIAL'S CERTIFICATION**

I certify, to the best of my knowledge and belief, that:

(1) the borrower named above is/was a student engaged in the medical or dental internship/residency program indicated in Section 2 from

(MM-DD-YYYY) |\_\_|\_|-|\_\_|\_|-|\_\_|\_|\_|\_| to (MM-DD-YYYY) |\_\_|\_|-|\_\_|\_|-|\_\_|\_|\_|\_| and

(2) the borrower and the borrower's program meet all the eligibility requirements in Section 7.

Institution's Name \_\_\_\_\_ ID # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name/Title of Authorized Official \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

AUTHORIZED OFFICIAL'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION 5: INSTRUCTIONS FOR COMPLETING THE INTERNSHIP/RESIDENCY FORBEARANCE REQUEST FORM**

Type or print using dark ink. Report dates as month-day-year. For example, show "January 31, 2007" as "01-31-2007". **REMEMBER TO SIGN AND DATE THE FORM AND HAVE AN AUTHORIZED OFFICIAL COMPLETE SECTION 4.**

Send the completed form and any required documentation to:

U.S. Department of Education  
FedLoan Servicing  
P.O. Box 69184  
Harrisburg PA 17106-9184

If you need help completing this form, call:  
1-800-699-2908

If you use a telecommunications device for the deaf (TDD), call:  
1-800-722-8189

Web site:  
[www.myfedloan.org](http://www.myfedloan.org)

**SECTION 6: DEFINITIONS**

- An **authorized official** who may complete Section 4 is an authorized official of the medical or dental internship/residency program, or, for all internships required to begin professional practice or service, a state licensing official.
- If unpaid interest is **capitalized**, this means that it is added to the principal balance of your loan(s). This will increase the principal amount and the total cost of your loan(s).
- A **forbearance** allows you to temporarily postpone making payments on your loan(s) or lets you temporarily make smaller payments than previously scheduled. Interest is charged during a forbearance on all loans.
- The **Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans (subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, Federal Consolidation Loans, Guaranteed Student Loans (GSL), Federal Insured Student Loans (FISL), and Auxiliary Loans to Assist Students (ALAS).

**SECTION 7: ELIGIBILITY REQUIREMENTS**

- You must have been accepted into a medical or dental internship/residency program that is a supervised training program and that requires you to hold a Bachelor's Degree before acceptance into the program.
- Your medical or dental internship/residency program must either:
  - be required before you may be certified for professional practice or service; or
  - lead to a degree or certification from an institution of higher education, a hospital, or a health care facility that offers postgraduate training.
- If your medical or dental internship/residency program is required before you may be certified for professional practice or service, you must attach to this form a separate statement from your state licensing agency which certifies that your internship/residency, in whole or in part, is required before you may be certified for professional practice or service.