

Northwestern University

Medical Residency Forbearance Form

Student Loan Office 555 Clark St - 3rd Floor Evanston, IL 60208

studentloans@northwestern.edu 847-491-3125

PLEASE ANSWER EACH QUESTION. IF ZERO, STATE ZERO; IF NON-APPLICABLE, INDICATE N/A.
ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

In order to carefully review your situation, the committee on student loans requires the completion of all information requested.

SECTION I Personal Information

1. Name (Last, First, MI):	6. Home Address:
2. Social Security Number:	Street _____
3. Customer Number:	_____
4. Spouse's Name (Last, First, MI):	City _____ State _____ Zip _____
5. Dependents: <u>Age</u> <u>Relationship</u>	Phone (_____) _____
_____	area code
_____	7. Cell phone number:
_____	(_____) _____
_____	area code
	8. Email Address:

SECTION II Reason for Request

9. Please use this space to provide pertinent information regarding your financial situation and plans for the future.

SECTION III Forbearance Options

10. Please indicate which type of special handling you are requesting for your account. Interest will continue to accrue daily on all options listed below. Interest will capitalize at the end of the forbearance period for all loan types except for Perkins and Health Professions loans. At the end of this period, your payment schedule will be adjusted accordingly to repay the loan within the original term. The length of time requested cannot exceed **12** months.

Number of months requested _____

_____ I agree to pay monthly interest. I understand that all unpaid interest at the end of the forbearance period will be capitalized (if applicable) and that my payment schedule will be adjusted to repay the loan within the original term.

_____ I agree to pay \$_____ per month. I understand that all unpaid interest at the end of the forbearance period will be capitalized (if applicable) and that my payment schedule will be adjusted accordingly to repay the loan within the original term.

_____ I cannot afford to make payments at this time. I understand that all unpaid interest at the end of the forbearance period will be capitalized (if applicable) and that my payment schedule will be adjusted accordingly to repay the loan within the original term.

_____ Other plan (please explain)

SECTION IV Residency/Fellowship Information

11. Name of School or Hospital:

12. Position/Title:

13. Department:

14. Expected Date of Completion:

_____ month _____ year

15. Address:

Street _____

City _____ State _____ Zip _____

Phone (_____) _____ Ext _____

_____ area code

16. I am currently in a medical residency program.

I am currently in a fellowship program (required for training).

SECTION V Authorizing Official Certification

The certifying official should be someone who can verify your status. This can be the director of the Graduate Medical Education office, a department head, registrar, chief resident, etc.

I certify that the information stated in section IV is true and correct.

Signature

Name (Printed or Typed)

Title

Date

(_____)
Phone number

Department

SECTION VI Authorization

I authorize Northwestern University to make whatever inquiries that it deems necessary in connection with the review of the information provided. I understand that by completing this document I give permission to adjust the repayment schedules of my loans. I certify that the aforementioned statements are true, correct and complete.

Signature

Date

DO NOT WRITE BELOW THIS LINE

UNEMP _____

FORBE _____

FORB2 _____

FORMD _____

DSABL _____