



BROWN

Brown University Loan Office
Campus Box 1950, 164 Angell Street
Providence, RI 02912
Phone: (401) 863-3296
Fax: (401) 863-7518
Email: loans@brown.edu
www.brown.edu/loanoffice

RESIDENCY DEFERMENT REQUEST
All Medical Institutional Loans, PCL, LDS

Borrower Certification Process

1. Borrower completes the Borrower Certification section below.
2. Borrower sends form to residency program director (by mail, email, or fax).

Name: _____ Loan Account #: _____

Street Address 1: _____ Street Address 2: _____

City, State, Zip: _____ Country: _____

Home Phone: (____) - _____ - _____ Cell Phone: (____) - _____ - _____

E-mail Address: _____ 2nd E-mail Address: _____

Internship/Residency Deferment impacts your loan status in these ways:

1. Prior to approval, I must make any payments that were due before my residency began.
2. Once approved, I will receive a letter from the Loan Office listing the specific dates of my approved deferment.
3. The deferment will only be approved for a maximum of 12 months at a time.
4. If my residency extends beyond the specific dates of my approved deferment, I must reapply to extend the deferment.
5. Perkins Loans are not eligible for residency deferment, but you can reduce payments through forbearance (apply separately)

Statement of Understanding and Borrower Certification: I am requesting deferment on my loan(s) in accordance with the regulations as described in my original promissory note. I certify that the information shown above is true and correct. I will notify the Brown University Loan Office immediately of any change in my status. I understand that all information will be held in the strictest confidence and will not be subject to dissemination outside the requirements of Brown University.

Borrower Signature: _____ **Date:** _____

Residency Program Certification Process

1. Residency program director completes the section below including official stamp/seal.
2. Residency program director sends to Loan Office (by mail, email, or fax. See Loan Office contact info above).

Residency Certification Period: (mm/dd/yy) Starting Date: ____/____/____ Ending Date: ____/____/____

Name of Hospital: _____ Anticipated Completion Date: _____

City/State/Zip: _____ Phone: _____

Authorized Official Certification: I certify that the information stated above is true and correct and that the borrower meets the deferment eligibility guidelines as of the date of this certification.

Printed Name and Title: _____

Authorized Official Signature: _____

Date: _____

Official Stamp/Seal Required
(or provide a letter of certification confirming certification details on official letterhead.)

Loan Office Use: Approved: Y N Date: _____

Signature: _____