



Request for Deferment Due to Residency or Continuing Education Studies

SECTION 1: INSTRUCTIONS

Do NOT use this form for Federal Perkins Loans. Please use the form designated for Perkins Loans.

Please see the listing of applicable loan types below. For Perkins Loans, please submit a General Forbearance Request (Federal Form OMB No. 1845-0031) or contact the Office of Student Accounts for guidance at mcwtuition@mcw.edu or (414) 955-8172.

Fund	Qualifying Institutional Loan	Fund	Qualifying Institutional Loan
404	Medical College of Wisconsin Student Loan	417	AMA Student Loan
405	Alumni Loan	419	Puerto Rican Student Loan
407	Robert Wood Johnson Loan	420	Charles E. Koepp, MD Medical Student Loan
408	Glaser Memorial Loan	422	Hanus Senior Medical Student Loan
409	Quarles & Brady Loan	430	Women’s Medical Student Loan
410	Michael R. Smith (fka Ziemann) Loan	437	Agnes Duerr Doro Loan
411	Dr. John Carter Johnson Loan	439	Pendergast Memorial Loan
412	Lee Huberty Loan	450	MCW Combined Loan
413	Kores Memorial Loan	H10	Health Professional (HPSL – Medical)
414	Kasel Loan	P10	Primary Care Loan (PCL) 3 year maximum
416	Todd Wehr Foundation Loan	H60	Health Professionals (HPSL – Pharmacy)

Note: The Ziet/Allison/Rogers Endowed Student Loan does not have deferment options available.

A deferment is a temporary postponement of payments. During a deferment, interest does not accrue. A deferment may be available if you are:

- * A full-time student and have a qualifying institutional loan.
- * Completing an internship, residency, or fellowship program and have a qualifying institutional loan.
- * Completing a degree-granting Graduate or Fellowship Program and have a qualifying institutional loan.

Before sending your application, verify that the form is filled out completely. All sections are required. Section 4 should be completed by an authorized official of the institution where you are completing your residency or fellowship.

Please forward completed form via email (preferred), fax, or mail to:

Medical College of Wisconsin
Attn: Office of Student Accounts
8701 Watertown Plank Road
Milwaukee, WI 53226

mcwtuition@mcw.edu
Phone: (414) 955-8172
Fax: (414) 955-6559

Applications are typically processed within 5 business days. You will be notified of the status of your deferment via email using the address on file with Heartland ECSI. In order to prevent negative credit bureau reporting, continue to make on-time payments until you have been notified that a deferment has been posted.

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SECTION 2: BORROWER IDENTIFICATION

Last Name: _____ First: _____ MI: _____ Last 4 digits of SSN: _____

Current mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Personal Email Address: _____

SECTION 3: APPLICANT STATEMENT

I am applying for a deferment because:

- I am a full-time student.
- I am completing a medical or pharmaceutical internship, residency, or fellowship program.
- I am completing a degree-granting Graduate or Fellowship program.

I am requesting deferment from ____ / ____ to ____ / ____ (MM/YYYY).

This request cannot exceed twelve months at a time. The request and certification below cannot be dated more than 30 days prior to the request start date. The requests are processed using the 15th of each month.

SECTION 4: SCHOOL, AGENCY, OR INSTITUTION CERTIFICATION

This section must be completed by your academic institution, agency, or medical institution.

Name of School/Program/Unit: _____

Program Description: _____

Address: _____

Phone: _____

City: _____

State: _____

Zip: _____

Enrollment Start Date: ____ / ____ / ____

Enrollment End Date: ____ / ____ / ____

Authorized Official Name and Title: _____

Authorized Official Email: _____

Authorized Official Signature: _____

Date: ____ / ____ / ____

SECTION 5: BORROWER CERTIFICATION AND AUTHORIZATION

I understand that: (1) This request will not be granted unless all applicable sections of the form are completed and requested documents are submitted; (2) All final decisions regarding my deferment eligibility will be made in accordance with applicable Federal regulations.

I certify that: (1) The information I have provided on this form is true and correct; (2) I will provide additional documentation, as required, to support my continued deferment status; (3) I will notify the MCW Office of Student Accounts or Heartland ECSI immediately when the condition(s) that qualified me for this deferment end; (4) I have read, understand, and meet the terms and conditions of the deferment for which I have applied.

Signature (non-digital): _____ Date: _____