



Return Completed Forms to:
University Accounting Service
PO Box 918
Brookfield, WI 53008
Tel: 800-999-6227 | Fax: 866-543-6814
Email: uasloanservice@ncogroup.com

TUFTS MEDICAL WOLFSON LOAN DEFERMENT FORM

SECTION 1: BORROWER IDENTIFICATION

Please print the following information:

Name: _____ Last four digits of SSN: _____
Address: _____
City, State, Zip: _____
Phone Home: _____ Phone Other _____
E-mail Address: _____
UAS Loan Account Number(s): _____

SECTION 2: DEFERMENT REQUEST

- I meet the qualification for the deferment checked below and request that Tufts University defer repayment of my Tufts Medical Wolfson loan(s):
- I am serving an eligible INTERNSHIP / RESIDENCY / FELLOWSHIP at _____
(Please complete section 3 and have section 4 certified)
- I am enrolled at least HALF-TIME in a degree program at _____
(Please complete section 3 and have section 5 certified)

SECTION 3: BORROWER CERTIFICATIONS

- I understand that:** (1) I am not required to make payments while my loan is in an approved deferment. (2) My deferment will begin on the dates as certified by the authorized official who completes Section 4 of this form. (3) My deferment will end on the date that I no longer meet the condition that qualifies me for the deferment, or the ending date of that condition as certified by the authorized official. (4) This benefit is to be granted to me for no more than 12 months at a time with a maximum allowed of 60 months. I am responsible for applying annually for this benefit. (5) I am not eligible for any deferment benefits if my loan is past due.
- I certify that:** (1) The information I provided in Sections 1 and 2 above is true and correct. (2) I will provide additional documentation to Tufts University, as required, to support my deferment status. (3) I will notify Tufts University immediately if the condition(s) that qualified me for the deferment ends. (4) I will notify Tufts University of any change in my name, address, and/or phone number. (5) I authorize a representative of Tufts University to obtain pertinent information from applicable parties for verification purposes.

_____ Borrower Signature _____ Date

SECTION 4: AUTHORIZED OFFICIAL'S CERTIFICATION (for internship/residency/fellowship deferment)

NOTE: As an alternative to completing this section, an authorized official may attach an enrollment verification form.

I certify, to the best of my knowledge and belief, that _____
(name of intern/resident)

is engaged in his/her internship/residency/fellowship from _____ to _____.

Name of Institution: _____

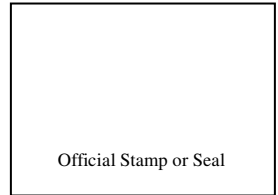
Address: _____ City, State, Zip: _____

Name/Title of Authorized Official: _____

Phone: _____

Authorized Official's Signature: _____

Date: _____



SECTION 5: REGISTRAR CERTIFICATION (for school deferment)

NOTE: As an alternative to completing this section, the school may attach its own enrollment verification form.

I certify, to the best of my knowledge and belief, that _____
(name of student)

is/was enrolled as a half-time student during the academic period from _____ to _____.

Anticipated Graduation date: _____

Name of Institution _____ OPE-ID: _____

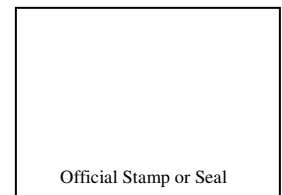
Address: _____ City, State, Zip: _____

Name/Title of Authorized Official: _____

Phone: _____

Authorized Signature: _____

Date: _____



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