



Internship/Clerkship/Fellowship/Residency Deferment Request Form

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When applying for an internship, clerkship, fellowship, or residency program deferment, please be aware:

- The approval of your deferment request is at our discretion. We'll contact you once we have completed our review. Please continue to make any required payment each month until you receive our decision.
- You may be eligible to postpone or reduce your payments in periods of up to 12 months at a time.
- If your deferment request is granted and your loan(s) required fixed or interest-only payments during your initial in-school and separation or grace period, you'll be required to make payments during the deferment period.
- You are responsible for the interest that accrues during the deferment period. If you choose not to pay the interest during this time, the Unpaid Interest will be capitalized (added to your Current Principal) as often as quarterly and at the end of the deferment period. As a result, more interest may accrue over the life of the loan and the Current Amount Due may be higher. We encourage you to consider paying at least the interest as it accrues, which will save you money over the life of the loan.

The requirements of enrolling into the program are:

- Requires the student to hold a bachelor's degree as a prerequisite for acceptance into the program
- A supervised training program
- Results in one of the following:
 - leads to a degree or certificate awarded by an institution of higher education, hospital or health care facility that offers postgraduate training
 - is required for the student to be certified for professional practice or service, in which case this criterion must be certified by an authorized official of the appropriate licensing agency.

How to apply

1. Print this document.
2. Complete and sign Section II of the form on page 3.
3. Have an authorized official from the internship, clerkship, fellowship, or residency program complete and sign Section III of the form on page 3.
4. Keep a copy for your records.
5. Return the completed form to us one of the following ways:
 - **Online:** Upload the document by logging in to your account at SallieMae.com.
 1. Click on the Student Loans and on the tool bar at the top of the page, select **Loans**, then **Tools & Resources**.
 2. Click on the **Forms** option.
 3. Click the **Secure Document Upload** link.
 4. Select the **Internship or Residency form**, then **Choose File** to attach your document.
 5. Once the document has been attached, select **Upload**.
 6. At the bottom of the page, click **Submit**.
 - **Mail:** Sallie Mae, P.O. Box 3319, Wilmington, DE 19804-4319
 - **Fax:** 855-756-0011

For more information and to chat, log in to our app or [SallieMae.com](https://www.SallieMae.com). You can also reach us at 800-472-5543, Monday – Thursday 8 a.m. to 9 p.m., Friday 8 a.m. to 8 p.m., and Saturday 9 a.m. to 6 p.m. ET.



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Please complete the following information and return all documentation to us via fax: 855-756-0011; mail: Sallie Mae, P.O. Box 3319, Wilmington, DE 19804-4319; or online: log in to your account at SallieMae.com and select the **Secure Document Upload** link located on the **Forms** page.

Section I: Borrower Request & Terms and Conditions

I request that Sallie Mae Bank, its affiliates and subsidiaries, and their successors and assigns (collectively, "Sallie Mae"), postpone or reduce payments on my eligible student loan(s) for up to 12 months while I am enrolled in an eligible internship, clerkship, fellowship, or residency program. I understand that if Sallie Mae approves my request and my loan(s) required fixed or interest-only payments during the initial in-school and separation or grace period, I will make payments to Sallie Mae during the deferment period on the same terms as the repayment option that applied to my loan(s) during the initial in-school and separation or grace period. If approved, I understand that Sallie Mae will notify me of the Current Amount Due (if a payment is required) and the deferment period end date. I understand that the decision to allow me to postpone payments or make reduced payments is at Sallie Mae's sole discretion.

If approved, I understand that I am responsible for the interest that accrues during the deferment period. If I choose not to pay the interest during this time, the Unpaid Interest will be capitalized (added to the Current Principal) as often as quarterly and at the end of the deferment period. As a result, more interest may accrue over the life of the loan, the Current Amount Due may be higher, and more payments may be required. Sallie Mae encourages you to consider paying at least the interest as it accrues, which will save you money over the life of the loan.

I agree to notify Sallie Mae if my enrollment status changes.

If approved, I agree to the terms of this deferment and intend to repay my loan(s) after this deferment period expires in accordance with the terms of my Promissory Note(s).



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Section II: Borrower Information (Borrower Completes)

I agree to the terms and conditions explained in Section I.

Name of organization providing internship, clerkship, fellowship, or residency program:

Borrower's Signature

Date

Borrower's Name (please print)

Customer Identification Number

Section III: Program Participation (Certifying Official Completes)

By completing Section III, I certify the student named in Section II has been accepted into an internship, clerkship, fellowship, or residency program and the answers to the questions below are true. Please complete all questions.

1. Does the student hold a bachelor's degree as a prerequisite for acceptance into the program? Yes No
2. Is this a supervised training program? Yes No
3. Is the program resulting in A, B, or Not Applicable (N/A)? A B N/A
 - a. leads to a degree or certificate awarded by an institution of higher education, hospital or health care facility that offers postgraduate training
 - b. is required for the student to be certified for professional practice or service, therefore must be certified by an authorized official of the appropriate licensing agency. The internship, clerkship, fellowship, or residency in which this student is engaged is required for the student to be certified for professional practice or service in the state of _____.

The student's program begins/began _____ (MM/DD/YYYY) and will end/ended _____ (MM/DD/YYYY).

Note to Official: If the internship, clerkship, fellowship, or residency is required for certification for professional practice or service, provide the minimum period of participation required.

Name of Organization

Telephone

Address

City

State

Zip

Signature of Authorized Official

Date

Name of Authorized Official (please print)

Title