



## TUFTS MEDICAL WOLFSON LOAN DEFERMENT FORM

### SECTION 1: BORROWER IDENTIFICATION

Please enter the following information:

UAS Loan Account Number \_\_\_\_\_

SSN \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone - Home \_\_\_\_\_

Telephone - Other \_\_\_\_\_

E-mail Address \_\_\_\_\_

### 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/postgraduate fellowship at

\_\_\_\_\_  
Name of Institution, City, State

### 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.

**Borrower's**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 4: AUTHORIZED OFFICIAL'S CERTIFICATION**

I certify, to the best of my knowledge and belief, that \_\_\_\_\_ (name of applicant)  
(1) is engaged in his/her residency/internship/postgraduate fellowship from \_\_\_\_\_  
to \_\_\_\_\_ .

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name/Title of Authorized Official \_\_\_\_\_

Telephone \_\_\_\_\_

**Authorized Official's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Mail or fax this form to the following address:

Tufts University  
Student Financial Services  
Student Loan Office  
419 Boston Ave  
Medford, MA 02155  
Fax: 617-627-3987