

Residency/Postgraduate Training Deferment Request Form



Borrower received funding through: HSM BGMSL BGDSL OSL Other

Section 1: Borrower Identification

Last Name	First Name	Middle Initial	SEAA ID#
Street Address			Area Code/Telephone Number (Home) ()
City	State	Zip Code	Area Code/Telephone Number (Other) ()
			Email Address (Optional)

Section 2: Deferment Request Type

<input type="checkbox"/> Internship	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Residency
<input type="checkbox"/> Other: (Please specify)		

I request a postponement of payments from ___/___/___ until ___/___/___.
(Month-day-year) (Month-day-year)

Section 3: Borrower Understanding and Certifications

I understand and agree to the following terms and conditions:

- 1.) I understand that interest will continue to accrue during the deferment period.
- 2.) I will promptly notify the NCSEAA of any change in my postgraduate training status or conditions of the deferment agreement.
- 3.) I understand that I must submit a deferment request to the SEAA for each year that I am eligible for deferment.

Signature of Borrower: _____ **Date:** _____

Section 4: Authorized Official's Certification

I certify to the best of my knowledge and belief that the borrower named above is/was engaged in the activity indicated in Section 2. The program begins/began on ___/___/___ (month-day-year) and is expected to end/ended on ___/___/___ (month-day-year).

Institution's Name:	
Address:	City, State, Zip
Name/Title of Authorized Official	Telephone Number ()
Authorized Official's Signature:	Date:

