

INDIANA UNIVERSITY
Student Loan Administration
P. O. Box 1609
Bloomington, IN 47402-1609
812-855-4511
866-IU LOANS
FAX 812-855-5848

Name

Address

Student ID

INTERNSHIP / RESIDENCY DEFERMENT APPLICATION

Part I: To be completed by the borrower

I am requesting a deferment of my student loan payment because I am completing an Internship/Residency requirement. I understand that I may be required to continue payments on any other loans that do not have this specific deferment provision.

Deferment began _____ Ended _____

Please check all that apply.

- Health Profession Student Loan**
Currently pursuing advanced professional training/internship/residency.

- National Direct/Perkins Loan (disbursed after 10-1-80 until 7-1-93)**
This provision is limited to DENTAL service on loans disbursed after 7-1-93.
Serving internship/residency program as required to fulfill a degree requirement.

Borrower Signature

Date

Home telephone number

Part II: To be completed by the institution

Name of Institution: _____

Address: _____
Street City State Zip

Telephone: _____ Date: _____

Signature of authorized official: _____

Name of authorized official: _____

For IU Use: approved disapproved by _____ date _____

Processed by _____ begin date: _____ end date: _____