

**CERTIFICATION OF OPTIONAL FORBEARANCE OR DEFERMENT STATUS
UNIVERSITY OF VIRGINIA / MEDICAL SCHOOL
INSTITUTIONAL LOANS**

**Return Form To: CAMPUS PARTNERS
P.O. Box 2901
Winston-Salem, NC 27102-2901**

**Must Be Submitted: (a) immediately after receipt of first billing (prior to payment due date)
(b) Annually thereafter for as long as the status is claimed.**

List All University Loan Account Numbers Below

Borrower's Soc. Sec. # _____
Full Name of Borrower: _____
Address of Borrower: _____

Telephone #'s: Home: _____ Work: _____

**Part I REQUEST FOR OPTIONAL FORBEARANCE: principal deferred; interest due monthly
(Exception: no interest payments due on Stribling Loans)**

I am requesting optional forbearance because:

- I am pursuing advanced professional training in an internship or residency.
 I am performing mandatory active duty as a member of the U.S. Armed Forces
(other than service required to repay a Military Health Professions Scholarship.)
 I am in fellowship training or a full-time educational program related to my M.D.
Begin Date of above: ____/____/____ Anticipated End date of above ____/____/____

Part II: REQUEST FOR DEFERMENT; principal deferred; no interest accrues

I am requesting full deferment of my loan(s) because:

- I am pursuing an M.D. Degree at the University of Virginia School of Medicine.
 I am pursuing an M.D. Degree at a medical school other than the Univ. of Va.
 I am serving as a volunteer under the Peace Corps Act or Volunteer Service Act. (3 yr. Limit)
Begin Date of above: ____/____/____ Anticipated End Date of above ____/____/____

I agree to notify CAMPUS PARTNERS immediately upon termination of above checked forbearance or deferment status.

Borrower Signature

Date

Certification of Above Status By Authorized Official:

I certify that the information stated in Part I or Part II above is true.

Name of Official

Signature of Official

Date

Name and address of institution represented:

Approved

Disapproved

Date

Signature
