



## Internship/Clerkship/Fellowship/Residency Deferment Request Form

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If you're a borrower who is participating in an internship, clerkship, fellowship, or residency program, you may be able to postpone or reduce your payments.

### Here's what you need to know:

- You may be eligible to postpone or reduce your payments in periods of up to 12 months.
- 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 on the same terms as the repayment option that applied to your loan(s) during the initial in-school and separation or grace period.
- You're 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 frequently 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. We encourage you to consider paying at least the interest as it accrues, which will save you money over the life of the loan.
- You'll be notified of our decision once we have completed your request. Please continue to make any required payment each month until you receive notification that your request has been approved.
- Approval of your internship, clerkship, fellowship, or residency program deferment request is solely at the discretion of Sallie Mae.

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### How to apply for Internship/Clerkship/Fellowship/Residency Deferment:

1. Print this document.
2. Complete and sign Section I of the form on page 2.
3. Have an authorized official from the program complete and sign Section II of the form on page 3.
4. Keep a copy for your records.
5. Return the completed form to us using one of the following options:
  - **Online:** Upload the document by logging in to your account at SallieMae.com, and following these steps:
    1. 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 under step 3.
    4. Select the "Internship or Residency form," then "Choose File" to attach your document.
    5. Once the document has been attached, select "Upload File" under the same section.
    6. At the bottom of the page, click "Submit Documents."
  - **Mail:** Sallie Mae, P.O. Box 3319, Wilmington, DE 19804-4319
  - **Fax:** 855-756-0011

Thank you for letting us help to make your dream of education a reality. If you have any questions, visit us online at SallieMae.com or download the Sallie Mae mobile app where you can access your student loans anytime from your mobile device. You can also call us at 800-4-Sallie (800-472-5543). We're here to help 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 (Borrower Completes)

I request that Sallie Mae Bank, its affiliates and subsidiaries, and their successors and assigns (collectively, "Sallie Mae") postpone or reduce payments on my 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 frequently 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).

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

Short description of internship, clerkship, fellowship, or residency program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower's Name (please print)

\_\_\_\_\_  
Loan Number



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## Section II: Program Participation (Certifying Official Completes)

For Internship, Clerkship, Fellowship, or Residency Deferment on student loans, I certify the student named in Section I has been accepted into an internship, clerkship, fellowship, or residency program which:

1. Requires the student to hold a bachelor's degree as a prerequisite for acceptance into the program;
2. Is a supervised training program and
  - a. leads to a degree or certificate awarded by an institution of higher education, hospital or health care facility that offers postgraduate training, or
  - b. 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.\*

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	

**\*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 \_\_\_\_\_.**

Signature of Authorized Official	Date
Name of Authorized Official (please print)	State Licensing Agency