



# HARVARD UNIVERSITY STUDENT LOAN OFFICE INTERNSHIP/RESIDENCY ENTITLEMENT REQUEST

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REQUEST FOR DEFERMENT OR FORBEARANCE OF LOAN REPAYMENT OF HARVARD, HPSSL and LDS LOANS

NOTE: Deferment cannot be granted until this form is properly certified and returned to the HARVARD UNIVERSITY STUDENT LOAN OFFICE. Federal statutes limit our ability to backdate a deferment request. Please submit this form as soon as you are eligible for a deferment or forbearance.

### PART 1: TO BE COMPLETED BY THE BORROWER

\_\_\_ CHANGE OF ADDRESS

_____			_____ ( ) _____		
Harvard ID#			Phone		
_____			_____		
Borrower's Name			E-Mail		
_____	_____	_____	_____	_____	_____
Address	Street	Apt. #	City	State	Zip

<p>I am requesting entitlement for the period FROM ____/____/____ TO ____/____/____ I will continue in this status until ____/____/____</p> <p style="text-align: center;">(Duration indicated can be no longer than 12 months)</p>
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### UNSUBSIDIZED AND HARVARD MEDICAL SCHOOL LOANS (choose one)

- I WILL MAKE MONTHLY INTEREST PAYMENTS ON MY LOAN(S). I UNDERSTAND FAILURE TO DO SO WILL NEGATIVELY IMPACT MY CREDIT STANDING.
- THE INTEREST ON MY LOAN(S) WILL BE CAPITALIZED (added to my principal balance) AT THE END OF THE ENTITLEMENT PERIOD AND WILL RESULT IN MY MONTHLY PAYMENT BEING RE-AMORTIZED.

**\*\*FEDERAL PERKINS LOAN THIS LOAN IS NOT ELIGIBLE FOR INTERNSHIP/RESIDENCY DEFERMENT.**  
If you cannot afford to make your regular monthly payment you must choose a forbearance option below.

- I WILL MAKE MONTHLY INTEREST PAYMENTS ON MY LOAN(S). I UNDERSTAND FAILURE TO DO SO WILL NEGATIVELY IMPACT MY CREDIT STANDING.
- THE INTEREST ON MY LOAN(S) WILL ACCRUE THROUGH THE END OF THE ENTITLEMENT PERIOD AND WILL NEED TO BE PAID UPON EXPIRATION OF CURRENT ENTITLEMENT REQUEST PERIOD.

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO NOTIFY THE HARVARD UNIVERSITY STUDENT LOAN OFFICE IMMEDIATELY UPON TERMINATION OF MY STATUS.

**X** \_\_\_\_\_ Date  
Borrower's Signature

### PART 2: CERTIFICATION OF STATUS (Authorized officials, include Administrator, Registrar, or Director of Internship or Residency Study Program)

Anticipated completion or graduation date: \_\_\_\_/\_\_\_\_/\_\_\_\_ day yr Name of Degree Program: \_\_\_\_\_  
 \_\_\_ Y \_\_\_ N Full Time Student in Current Program?

The information in PART 1 above is correct for the period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ and any additional conditions for eligibility as set forth on this form have been met. I CERTIFY THE INFORMATION STATED ABOVE TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____			_____		
Name of Organization/Agency/Institution			Signature of Official		
_____			_____		
Address			Title		
_____	_____	_____	_____	_____	_____
City	State	Zip	Date	( )	Phone

COMMENTS: \_\_\_\_\_

RETURN certified form to: **Harvard University Student Loan Office, 1350 Massachusetts Avenue, Rm 801, Cambridge, MA 02138**

Please refer to your Exit Interview online, promissory note, or contact the Student Loan Office to determine deferment time limitation and eligibility of your loan(s).

e-mail: [student\\_loans@harvard.edu](mailto:student_loans@harvard.edu) (617) 495-3782 (800) 315-7192 fax: (617) 495-1858