

**U MASS CHAN MEDICAL SCHOOL LEARNING CONTRACT
REQUEST FOR *FORBEARANCE* OF REPAYMENT DURING ADVANCED
PROFESSIONAL TRAINING**

PART 1 - GENERAL INFORMATION (to be completed by borrower - please print or type)

| | |
|---------------------------------------|---|
| NAME OF BORROWER _____ | LRN04A _____ Last 4 digits of your SSN |
| NAME USED AT UMMS _____ | EMPL ID _____ (_____) |
| STREET ADDRESS _____ | HOME TELEPHONE NUMBER _____ (_____) |
| CITY _____ STATE _____ ZIP CODE _____ | WORK TELEPHONE NUMBER _____ |
| GRAD DATE FROM UMMS _____ | EMAIL ADDRESS _____ |

I certify that I am/was pursuing **ACGME**, or **AOA** accredited graduate medical education. Check type of forbearance requested.

INTERNSHIP/ RESIDENCY _____ from: _____ / _____ / _____ to: _____ / _____ / _____ (not more than 1 year at a time)
month / day / year month / day / year

FELLOWSHIP _____ from: _____ / _____ / _____ to: _____ / _____ / _____ (not more than 1 year at a time)
month / day / year month / day / year

I agree to notify the University of Massachusetts Medical School Financial Aid Office within 30 days if this status changes.

| | |
|------------------------------|-------------|
| SIGNATURE OF BORROWER | DATE |
|------------------------------|-------------|

PART 2 – ADDITIONAL ECSI ACCOUNTS

In addition to my Learning Contract account, I am requesting postponement of payment on the following loans:

| DEFERMENT | ACCOUNT NUMBER | FROM | TO |
|--|--------------------|---------------|---------------|
| Primary Care Loan (PCL) | P100 xxx-xx-_____ | _____ / _____ | _____ / _____ |
| Loans for Disadvantaged Students (LDS) | D100 xxx-xx-_____ | _____ / _____ | _____ / _____ |
| Other _____ | _____ xxx-xx-_____ | _____ / _____ | _____ / _____ |

You cannot request a Perkins Loan deferment with this form. Please either contact the FAO at UMMS or contact ECSI for further instruction.

| FORBEARANCE | ACCOUNT NUMBER | FROM | TO |
|---------------------------------|--------------------|---------------|---------------|
| Other _____ | _____ xxx-xx-_____ | _____ / _____ | _____ / _____ |
| Perkins Loan (36 month maximum) | PER24 xxx-xx-_____ | _____ / _____ | _____ / _____ |

I understand that my Perkin loan will accrue interest during the period of time I am in forbearance. I further understand that I will **not** be able to capitalize the interest that has accrued when my forbearance expires. While in forbearance, I choose to:

_____ Make monthly interest payments _____ Forbear all payment until the end of my forbearance period

PART 3 - CERTIFICATION (to be completed by the Program Director or equivalent at your institution - please type or print)

I certify that the information stated in Part 1 above is true and correct and that the person named above is/was, for the dates indicated in Part 1, pursuing **ACGME** or **AOA** accredited graduate medical education. **CIRCLE ONE: RESIDENCY - or - FELLOWSHIP**

| | |
|---------------------------|---------------------------------------|
| INSTITUTION _____ | TELEPHONE _____ |
| ADDRESS _____ | CITY _____ STATE _____ ZIP CODE _____ |
| DEPARTMENT /PROGRAM _____ | |

| | | |
|---|---------------------|-------------|
| SIGNATURE and TITLE (PROGRAM DIRECTOR or EQUIVALENT) | PRINTED NAME | DATE |
| ➔ | | |

DO NOT CERTIFY BEFORE START DATE

PART 4- UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USE ONLY

APPROVED FROM: _____ / _____ TO: _____ / _____ BY: _____ DATE: _____ / _____ / _____

RETURN COMPLETED FORM TO:
U Mass Chan Medical School
Office of Financial Aid
Attn: Tina Sasseville S1-423A
55 Lake Ave North
Worcester, MA 01655