



INTERNSHIP/RESIDENCY AND GRADUATE FELLOWSHIP DEFERMENT
 BANK OF NORTH DAKOTA
 STUDENT LOANS
 SFN 61421 (05-2022)

Section 326 of the USA PATRIOT Act¹ requires us to ask for the borrower's Social Security Number. The principal purpose and routine uses of this information are to verify the borrower's identity, provide for the servicing of the borrower's account or loan, including communications with consumer reporting agencies, and in the event it is necessary, to locate the borrower and collect on the borrower's loan(s). Providing any requested information is mandatory in order to receive the requested service. We may not be able to grant the service if the requested information is not provided.

¹This notice also satisfies our obligations under the Privacy Act of 1974.

Carefully read entire page before completing this form.

BORROWER SECTION

Borrower Name		Social Security Number or Reference Number	
Address			
City		State	ZIP Code
Primary Telephone Number	Alternate Telephone Number	Email Address	

To qualify for this deferment, you must have been accepted or recommended into an internship/residency program or a graduate fellowship program.

I **certify** that the information I have provided on this form is true and correct. I will notify the loan holder immediately when the conditions that qualified me for deferment ends. I have read, understand, and meet the eligibility requirements for this deferment. I **authorize** the entity to which I submit this request and its agents to contact me regarding my request or my loan(s) at any cellular telephone number that I provide now or in the future.

Borrower Signature	Date (mm/dd/yyyy)
--------------------	-------------------

Note: As an alternative to completing the following section, you may attach separate documentation from an authorized official that includes all of the information requested.

AUTHORIZED OFFICIAL CERTIFICATION

Date Program/Service Begins/Began (mm/dd/yyyy)	Date Program/Service Expected to End (mm/dd/yyyy)		
Institution/Organization Name			
Address	City	State	ZIP Code

I **certify**, to the best of my knowledge and belief, that the information I have provided in this section is accurate.

Authorized Official Name/Title	Telephone Number (include area code)
Authorized Official Signature	Date (mm/dd/yyyy)

***Capitalization Chart Example**
 (Interest Rate at 6.00% for 12 months)

Treatment of Interest with Deferment/Forbearance	Loan Amount	Capitalized Interest	Outstanding Principal	Monthly Payment	Number of Payments	Total Repaid
Interest is paid	\$30,000	\$0	\$30,000	\$333	120	\$41,767
Interest is capitalized at the end of the deferment period	\$30,000	\$1,800	\$31,800	\$353	120	\$42,365

***Capitalization** is the addition of unpaid interest to the principal balance of your loan. Capitalization causes more interest to accrue over the life of your loan and may cause your monthly payment amount to increase.