



American Education Services

American Education Services
P.O. Box 2461 • Harrisburg, PA 17105-2461
Toll-free 1-800-233-0557 • TDD 717-720-2354
Fax 717-720-3931 or 717-720-2774
www.aesSuccess.org • International 717-720-3500

DEAR CUSTOMER:

This letter is to advise you of the conditions under which we may grant a deferment to your Wachovia Select loan(s). An Internship/Residency deferment may be granted to your loan(s) if you prove to be eligible.

If your deferment request is approved, our office will send you quarterly interest notices. If you choose not to pay this interest it will be added to the principal balance of your loan at the end of your deferment.

If you would like us to consider your request for deferment, please have the certifying official provide your participation dates on the enclosed deferment form.

If you have any questions, please contact our office. Loan Counselors are available Monday through Friday, from 7:30 a.m. to 9 p.m., ET.

Shelly Bowman
Assistant Vice President
American Education Services

Enclosure(s)

WACHOVIA EDUCATION FINANCE SELECT LOAN REQUEST FOR INTERNSHIP/RESIDENCY DEFERMENT

READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS FORM. YOUR REQUEST MAY BE DENIED IF THE FORM IS NOT COMPLETED CORRECTLY.

ACCOUNT NUMBER _____ / _____ / _____

BORROWER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER (____) _____ - _____

ALTERNATE TELEPHONE NUMBER (____) _____ - _____

STUDENT BORROWER _____ ACCOUNT # _____

**AUTHORIZED OFFICIAL'S CERTIFICATION REQUIRED FOR DEFERMENT
PLEASE PRINT OR TYPE**

PROGRAM BEGIN DATE _____ PROGRAM END DATE _____ EXPECTED GRAD DATE _____

INSTITUTION/ORGANIZATION NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____

SIGNATURE OF AUTHORIZED OFFICIAL	NAME AND TITLE OF OFFICIAL	DATE
My signature indicates that I am an Authorized Official and I have read and agree that the certification above is true to the best of my knowledge.		

I meet the qualifications as stated in the cover letter for an Internship/Residency Deferment and request my lender/servicer to defer repayment of my educational loan(s). Any unpaid accrued interest will be capitalized, added to the principal balance, at the end of my deferment period. I understand that, should my situation under which I applied for the deferment change, I must notify my lender/servicer immediately.

BORROWER SIGNATURE _____ DATE _____

RETURN COMPLETED FORM TO:

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