



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:

Enclosed is a Residency Status Form to be utilized while you are in a Residency Program. Eligibility for this status requires this form to be returned to the address stated above with the requested certification. You will be notified by mail of the approval or denial of your request. You may also check the status of your loan(s) online at www.aesSuccess.org.

If you have any questions or need additional information, please contact us at the address or telephone number shown above. Our business hours are Monday through Friday from 7:30 a.m. to 9 p.m., ET. Please include your account number and email address (if applicable) on all correspondence.

Shelly K. Bowman
Assistant Vice President
American Education Services



RESIDENCY STATUS FORM

**THIS FORM SHOULD BE USED FOR LOANS OBTAINED THROUGH THE ACCESS GROUP LOAN PROGRAM.
 READ BEFORE COMPLETING FORM. ALL ITEMS RELEVANT TO YOUR REQUEST MUST BE COMPLETED.
 ** INCOMPLETE ITEMS MAY BE CAUSE FOR DENIAL. ****

ACCOUNT NUMBER _____
 BORROWER NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE NUMBER (_____) _____ - _____
 ALTERNATE PHONE NUMBER (_____) _____ - _____

Return Completed Form To:
AES Graduate and Professional Services
 PO BOX 2461
 HARRISBURG, PA 17105-2461
 FAX 717.720.3931 or 717.720.2774

EMAIL ADDRESS _____

I meet the qualifications stated on the reverse side for my loans to be placed in Residency Status.

- Medical Residency** is granted if certified by an authorized institutional official for up to 12 months at a time for the remainder of my required internship residency program, but not to exceed 48 months plus a 9 month interim period.
- Columbia Dental Residency** is granted if certified by an authorized institutional official for up to 12 months at a time for the remainder of my required internship residency program, but not to exceed 24 months plus a 9 month interim period. In addition, your loans must have been obtained for study at Columbia University.

PLEASE NOTE: Residency Status requires certification by an authorized official before your request can be considered by AES Graduate and Professional Services.

AUTHORIZED OFFICIAL'S CERTIFICATION - Required for the Residency Status.

Please print or type.

Program Begin Date: _____ / _____ / _____ Program End Date: _____ / _____ / _____

Name of Institution/Organization _____

Address _____

City _____ State _____ Zip _____ Telephone Number _____

 Signature of Authorized Official Name/Title of Authorized Official Date

My signature indicates that I am an Authorized Official and I have read and agreed that the certification above is true to the best of my knowledge.

I understand that any unpaid interest will be added to the outstanding balance at the end of my grace period.

I understand that, should my situation under which I applied for Residency Status change, I must notify AES Graduate and Professional Services.

The above information is true and correct to the best of my knowledge. I understand that misrepresentation may lead to the denial of my request. I have read and understand and agree to the contents of the application.

BORROWER SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

Date Reviewed: _____ Examiner _____ APPROVED DENIED

**ELIGIBILITY CRITERIA FOR MEDICAL OR COLUMBIA DENTAL RESIDENCY
FORBEARANCE**

- (1) I must be a borrower under the Medical AccessSM Loan Program or obtained a Medical or Dental Loan through Columbia University.
- (2) I am engaged in a required Medical or Dental Residency Program.
- (3) My residency program must be required before I may be certified for professional practice or service.
- (4) I must be accepted into the residency program.
- (5) I must provide AES Graduate and Professional Services with documentation or certification from an authorized official from the program showing the beginning and ending dates of my residency program or have the authorized official complete this form.