DEAR CUSTOMER:

Enclosed is a Residency/Postdoctoral Status Form, along with the eligibility requirements, to be utilized while you are in a Residency or Postdoctoral Program. Eligibility for this status requires this form to be completed and returned to the address listed above. 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 9:00 p.m., E.T. Please include your account number and e-mail address (if applicable) on all correspondence.

Customer Service Department
American Education Services

Enclosure(s)
RESIDENCY/POSTDOCTORAL ENROLLMENT STATUS FORM

THIS FORM SHOULD BE USED FOR KEY GRADUATE LOANS OBTAINED THROUGH THE KEYBANK LOAN PROGRAMS. 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 ( _____ ) ______ - ______

EMAIL ADDRESS ____________________________

I consent to the lender and any other owner, holder, servicer, guarantor or insurer of my account to contact me about my account via autodialer or similar device and/or using a prerecorded or artificial voice or message for any lawful purpose utilizing any cellular telephone number(s) I provide, even if I am charged for the call under my phone plan. Providing my mobile or alternative telephone number(s) and electronic mail address(es) to the lender is voluntary and I am under no obligation to do so. If I do not elect to provide a mobile or alternative telephone number, or electronic mail address, it will not affect the consideration or disposition of my deferment request.

I meet the qualifications stated on the reverse side for my loans to be placed in Medical Residency Status or Dental Specialty Postdoctoral Deferment.

Medical Residency is granted if certified annually by an authorized institutional official.

Dental Specialty Postdoctoral Deferment is granted if certified annually by an authorized institutional official. If your Alternative DEAL and/or Alternative DEAL's BestBet loan was disbursed in or after the Fall 2003 program year, you are eligible for up to 72 months of specialty deferment.

PLEASE NOTE: Status requires certification by an authorized official before your request can be considered.

AUTHORIZED OFFICIAL'S CERTIFICATION

Official: Please complete entire section. Omissions will be cause for denial.

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

Name of Institution/Organization ____________________________

Address ____________________________

City __________________ State _____ Zip ______ Telephone Number ______

If certification is for Dental Specialty Postdoctoral studies, please indicate the discipline of study:

☐ Dental Public Health ☐ Oral & Maxillofacial Radiology ☐ Endodontics
☐ Oral & Maxillofacial Surgery ☐ Periodontics
☐ Oral & Maxillofacial Pathology ☐ Orthodontics & Dentofacial Orthopedics
☐ Prosthodontics

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 and correct 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 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 terms of the application.

BORROWER SIGNATURE ____________________________ CATE ______

FOR OFFICE USE ONLY

Date Reviewed: _____ / _____ / _____ Examiner ____________

☐ APPROVED ☐ DENIED
ELIGIBILITY CRITERIA

(1) I must be a borrower under the Key Graduate Loan Program.

(2) I am engaged in a required
   (a) Medical Residency Program or;
   (b) Dental Specialty Postdoctoral Program or;
   (c) Graduate Fellowship Program

(3) My program must be required before I may be certified for professional practice or service.

(4) I must be accepted into the 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 the program or have the authorized official complete this form.