



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

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 _____

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

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:** ____/____/____

Residency / Field: _____
 Dental Specialty Postdoctoral Studies
 Graduate Fellowship

Name of Institution/Organization _____
Address _____
City _____ **State** _____ **Zip** _____ **Telephone Number** _____

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Dental Public Health | <input type="checkbox"/> Endodontics | <input type="checkbox"/> Oral & Maxillofacial Pathology |
| <input type="checkbox"/> Oral & Maxillofacial Radiology | <input type="checkbox"/> Oral & Maxillofacial Surgery | <input type="checkbox"/> Othodontics & Dentofacial Orthopedics |
| <input type="checkbox"/> Pediatric Dentistry | <input type="checkbox"/> Periodontics | <input type="checkbox"/> 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 _____ DATE _____

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.