



**Forbearance Request**  
**Medical College of Wisconsin**  
**Institutional Loans ONLY**

<b><u>Borrower Information:</u></b>		
Last Name: _____	First Name: _____	Last 4 digits of SSN: _____
Address: _____		
City/State/Zip: _____		
Phone: _____		
Personal Email Address: _____		
Current Employer & Address: _____		
Position Title: _____		
Employed From: _____		
Last Day Worked: _____		
Hourly Rate/Salary: _____		
Marital Status: (Single / Married / Widow(er) / Divored / Separated)		

<b><u>Dependents (Name, Relationship, Age)</u></b>

<b><u>Forbearance Requested</u></b>
Number of months requested: _____
(The maximum allowable forbearance is granted up to a maximum of 6 months at a time)
Please detail the circumstances that make this forbearance necessary

<b><u>Borrower Certification</u></b>
I understand that all information and supporting documents given will be held in strictest confidence and will not be subject to dissemination outside the requirements of the lending institution. I further understand that this arrangement will consist of reduced or deferred payments, as determined by the lending institution based on my financial situation. It may be necessary to make accelerated payment at the expiration of this arrangement to repay the loan within the maximum ten year period.
I certify that all statements made are true and correct. I also certify that I will immediately notify the lending institution of any change in my employment status or significant change in my financial situation. I authorize a representative of the lending institution to obtain from my applicable parties pertinent information in order to verify this application.

**I understand that:**

I must pay any interest and late fines due on my account before a forbearance can be processed.  
I must continue making monthly payments until notified of forbearance approval.  
Interest will continue to accrue during forbearance and must continue to be paid monthly.

\_\_\_\_\_  
**Borrower's Signature (wet signature required)**

\_\_\_\_\_  
**Date**

**Please submit completed form via Heartland ECSI dropbox or forward via US mail to:**

Medical College of Wisconsin  
Attn: Controller's Office - OSA  
8701 Watertown Plank Road  
Milwaukee, WI 53226

Applications are processed within 10 business days. You will be notified of the status of your forbearance request via email using the address listed on this form. In order to prevent negative credit bureau reporting, continue to make on-time payments until you have been notified that a forbearance has been posted.

For guidance, contact the Office of Student Accounts at [mcwtuition@mcw.edu](mailto:mcwtuition@mcw.edu)