



**American Education Services**

P.O. Box 2461 Harrisburg, PA 17105-2461

Toll-free 1-800-233-0557 • TDD 717-720-2354

Fax 717-720-3916 • International 717-720-3100

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY TO DETERMINE  
WHETHER YOU NEED TO TAKE ACTION.**

**WHY WE ARE CONTACTING YOU**

To provide you with an Internship/Residency Deferment application for your Wells Fargo, N.A. SELECT Education Loan(s).

**WHAT ACTIONS YOU NEED TO TAKE**

If you would like to apply for this deferment, complete the application in its entirety.

**ADDITIONAL INFORMATION YOU MAY FIND HELPFUL**

- Returned deferment applications are typically processed within 20 days of receipt. You will receive a letter indicating whether your request has been approved or denied.
- It is important to continue to make payments until your deferment request has been approved. If your loan(s) is or becomes delinquent, collection activities will continue until the deferment has been approved.
- If you are currently using our Electronic Funds Transfer Service, Direct Debit, payments will continue to extract until your deferment request is approved. Please note that at any time you wish to suspend monthly extraction, you need to contact us at least 3 business days prior to your due date.

# WELLS FARGO BANK, N.A. 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 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:**

AMERICAN EDUCATION SERVICES  
P.O. BOX 2461  
HARRISBURG, PA 17105-2461