



The
UNIVERSITY
of **VERMONT**

Date: _____

Your Name: _____

Your Student ID #: _____

**Residency Deferment Self Certification (*12 months at a time*)
for UVM Institutional Loans (Bennett 08901A & Robert Larner Loan 01102A
Winston Sargent Loan 08601A)**

Please complete and return to (below):

This is to certify that I am in my _____ year of Residency, in _____.
(Specialty or Residency Program)

(Hospital Name)

(Residency/Practice Address)

(City, State, Zip Code)

(Work Phone number)

I expect to complete my Residency, effective date _____.

**UVM Student Financial Services
85 South Prospect St
221 Waterman Bldg
Burlington, VT 05405**

**Phone number (802) 656-4345
Fax number (802) 656-4076
csc@uvm.edu**