GREAT LAKES HIGHER EDUCATION CORPORATION
P.O.BOX 7860, MADISON, WISCONSIN 53707

Forbearance Agreement

By completing this form and returning it to our office, you are making an application for a temporary suspension or reduction of your regular monthly payments.

Please complete this form today to avoid a delay in processing your forbearance request. If you have questions concerning this agreement, please contact our office at 800-326-4300 (toll free) or 608-246-1700. Any of our Borrower Contact Specialists will be able to assist you.

Upon receipt of the completed form, your request will be evaluated. If the Forbearance Agreement is approved, you will be notified. If the application cannot be approved, you will be contacted by this office concerning the status of your account. Remember, you are responsible for making your scheduled monthly payments until you are notified that your forbearance request has been approved.

BORROWER'S LAST NAME	FIRST NAME	MI
BORROWER'S STREET ADDRESS	RESIDENCE TELEPHONE ( )	
CITY	STATE	ZIP
BORROWER'S EMPLOYER NAME		
EMPLOYER'S STREET ADDRESS	EMPLOYER TELEPHONE ( )	
CITY	STATE	ZIP

I am requesting a forbearance to temporarily suspend or reduce my past due payments.

I agree to resume regular monthly payments beginning _____ of _____.

I understand at the completion of this forbearance, a new Payment Schedule and Disclosures describing my remaining obligation will be issued. Any interest outstanding at the time this new payment schedule is generated will be capitalized. I further understand that I am responsible for resuming regular monthly payments as outlined on my previous schedule until the new payment schedule has been issued.

_____ _____/_____/_____

BORROWER'S SIGNATURE DATE

Do Not Write Below This Line - To Be Completed By Lender