This form must be completed at the time you enter practice.

RETURN FORM TO:
West Virginia Higher Education Policy Commission
WV Medical Student Loan Program
1018 Kanawha Blvd., East, Suite 700
Charleston, WV 25301

WEST VIRGINIA
MEDICAL STUDENT LOAN PROGRAM

REQUEST FOR APPROVAL OF PRACTICE
IN A MEDICALLY UNDERSERVED AREA
OR IN A SPECIALTY ELIGIBLE FOR LOAN FORGIVENESS
AND TWELVE-MONTH POSTPONEMENT OF LOAN REPAYMENT

NAME OF BORROWER _____
(please print full name)

TELEPHONE _____ SSN _____

CURRENT ADDRESS _____

_____

I anticipate beginning practice in the field of _____
(name of specialty)

on or about _____, 20 _____. I will be in _____

private practice or will be _____ an affiliate of

_____ in _____ , WV.
(location of practice)

I understand that if this area or this specialty is an approved designated area or medical specialty physician shortage in West Virginia and if I practice full time in this area or specialty for a period of twelve (12) consecutive months, that I Will be eligible to apply for loan forgiveness under the provisions of the West Virginia Board of Regents Policy Bulletin N. 63.

I hereby request approval to postpone payments on my Medical Student Loan for the twelve months following the commencement of the above described practice. I understand that if I fail to complete twelve consecutive months of practice as set forth above, this postponement will be void and I must pay all missed payments plus interest. I understand that if this request is approved, I must **immediately** notify West Virginia University, the medical school which granted my loan, of the actual date I commence such practice so that my payments may be postponed.

Signed _____ Date _____, 20 _____
(Signature of Borrower)

ACTION BY HIGHER EDUCATION POLICY COMMISSION

_____ Request Approved _____ Request Disapproved

If disapproved, reason for disapproval _____

_____

Signed _____ Date _____, 20_____
(Senior Administrator)

Copy of request results sent to lender on _____, 20_____