

**MEDICAL STUDENT LOAN PROGRAM
REQUEST FOR APPROVAL OF PRACTICE IN A MEDICAL
UNDERSERVED AREA OR IN A SPECIALTY ELIGIBLE FOR
LOAN FORGIVENESS AND TWELVE-MONTH
POSTPONEMENT OF LOAN PAYMENT**

NAME OF BORROWER _____

(Please print full name)

TELEPHONE _____ SS#: _____

CURRENT ADDRESS _____

I anticipate beginning practice in the field of _____
on or about _____, 20____. I will be in _____ private practice or will
be _____ an affiliate of _____ in
_____, West Virginia. (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 No. 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 _____, 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)

Send form to: Medical Student Loan Program Administrator, WV Higher Education Policy Commission, 1018 Kanawha Blvd., E., Suite 700, Charleston, WV 25301

ACTION BY HIGHER EDUCATION POLICY COMMISSION

_____ Request approved _____ Request disapproved

If disapproved, reason for disapproval _____

Signed _____ Date: _____, 20____
(Director of State Financial Aid Programs)

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