

**West Virginia Board of Trustees
Medical Student Loan Program
Certification of Deferment Status**

Instructions

To request deferment of repayment of your Medical Student Loan, a copy of this form must be filed with the school which made the loan (1) when your first repayment installment is due and (2) annually thereafter as long as you are eligible for such deferment. Eligibility for deferment for advanced professional training (internships, residencies, and fellowships) is terminated after five years.

Medical School from which
loan was made:

Name and address of borrower

Marshall University

Last First MI

Street

City State Zip

SSN: ____ - ____ - ____

PART I - REQUEST FOR DEFERMENT OF REPAYMENT

To be completed by borrower if he/she:

- A. Performs military service as an active duty member of a uniformed service of the United States.

This is to certify that I will be serving required military service as an active duty member of

_____ from _____, 20 ____ to _____, 20 ____
(Enter name of branch of service)

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- B. 1. Pursues advanced professional training, including internships, residencies, and fellowships; or
2. Pursues a full-time course of study at an approved medical school.

This is to certify that I will be pursuing advanced professional training at

_____ from _____, 20 ____ to _____, 20 ____
(Enter name of institution)

Signature of Borrower

Date

PART II - CERTIFICATE OF DEFERMENT STATUS

A. To be completed by the Commanding Officer and MAILED TO THE SCHOOL FROM WHICH THE LOAN WAS MADE.

Borrower's Uniformed Service Serial Number: _____

I certify that the information in Part I-A above is true and correct

Signed: _____ Date: _____
(Commanding Officer)

Name and address of uniformed service headquarters:

Name: _____
Address: _____

B. To be completed by official of institution where borrower is enrolled or is pursuing advance professional training; e.g., department chairperson, and MAILED TO THE SCHOOL FROM WHICH THE LOAN WAS MADE.

I certify that the information stated in † Part I-B.1 or † Part I-B.2 (check appropriate box) above is true and correct.

Signed: _____ Title: _____ Date: _____
(Authorized Official)

Name and address of School:

Name: _____
Address: _____

PART III - LENDING INSTITUTION ACTION

† APPROVED † DISAPPROVED

Reason for disapproval: _____

Signed: _____ Title: _____ Date: _____