

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

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### 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.

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Medical School from which  
loan was made:

Marshall University

Name and address of borrower

\_\_\_\_\_

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 \_\_\_\_\_, 19 \_\_\_ to \_\_\_\_\_, 19 \_\_\_\_\_

(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 \_\_\_\_\_, 19 \_\_\_ to \_\_\_\_\_, 19 \_\_\_\_\_

(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: \_\_\_\_\_