



STUDENT LOANS OFFICE
 2500 N. State Street, Jackson, MS 39216
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MISSISSIPPI RURAL PHYSICIANS/DENTAL SCHOLARSHIP ACTUAL PRACTICE VERIFICATION FORM FOR SCHOLARSHIP RECIPIENTS

This verification of actual employment/practice for deferment and/or cancellation request form must be completed each year until all financial obligations are met. Failure to complete this form annually may result in the immediate demand of payment. **ALL requests for deferment and/or cancellation are subject to approval.**

SECTION 1. TO BE COMPLETED BY RECIPIENT

LName:	FName:	Last Four Digits of SSN
Street Address:		
City:	State:	Zip:
Telephone:	Email:	
Primary Care Specialty:	Name While Enrolled:	

PLEASE SELECT TYPE/REASON:

DEFERMENT FOR RESIDENCY <input type="radio"/>	DEFERMENT FOR PRACTICE <input type="radio"/>	CANCELLATION FOR PRACTICE <input type="radio"/>
Deferment FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)	
Cancellation FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)	
Mississippi Employment <input type="radio"/>	UMMC Employment <input type="radio"/>	Out of State Residency <input type="radio"/>

RECIPIENT SIGNATURE: _____ **DATE:** _____

SECTION 2. TO BE COMPLETED BY EMPLOYER OR RECIPIENT IF SELF-EMPLOYED

Employer Name/Name of Practice:	
Address:	
Email:	Telephone:
Dates of Employment:	
Department Head/HR Representative/Residency Director:	
Signature:	Date:

MRPSP Commission Use Only:

Approved:	Denied:	Date:
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