



**STUDENT LOANS OFFICE**  
 2500 N. State Street, Jackson, MS 39216  
 Phone: 601.984.1035 Fax: 601.984.6984

**MISSISSIPPI RURAL SHRP 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:**

Student Deferment <input checked="" type="radio"/>	Residency Deferment <input checked="" type="radio"/>	Actual Practice Deferment <input checked="" type="radio"/>	Actual Practice Cancellation <input checked="" 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'S DEPARTMENT HEAD OR HR REPRESENTATIVE**

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

**MS RURAL SHRP Commission Use Only:**

Approved:	Denied:	Date:
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