1

West Virginia University Institute for Community and Rural Health Medical Service Program Certification of Educational Status

Applicant:

Comments:

Please complete the section below and give it to an official in your Dean's Office who must complete and directly return it to the Institute for Community and Rural Health, PO Box 9009, Morgantown WV 26506-9009 by the deadline (**February 2, 2024**).

| Name: | | | |
|-----------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------|-----------------------------|
| (Last) | (First) | (Mi | ddle) |
| (Address) | (City) | (State) | (Zip Code) |
| Evening/Home Phone: | Cell P | Phone: | |
| E-mail: | | | |
| I, the undersigned, do hereby au Rural Health. | thorize documentation of my educ | cational status to the WVU | Institute for Community and |
| Signed: | Date: | | |
| School Official | | | |
| | equested and return this form dire he deadline (February 2, 2024) | | nmunity and Rural Health |
| The above-named student is curl University School of Dentistry. | rently enrolled and is in good acad | demic and professional stan | ding at West Virginia |
| (Expected Graduation Da | ate) | | |

| | Signed: |
|--------------|--------------------------------|
| (Affix Seal) | (Official or Program Director) |
| | (Title) |