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## 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 mu	st complete and direc	tly return it
to the Institute for Community and Rural Health,	, PO Box 9009, Mor	gantown WV 26506-	9009 by the deadline	(February
<b>7, 2025</b> ).			·	
Name:				

(Last)	(First)	(Mi	ddle)	
(Address)	(City)	(State)	(Zip Code)	
Evening/Home Phone:	Cell Pł	none:		
E-mail:				
I, the undersigned, do hereby a Rural Health.	uthorize documentation of my educ	ational status to the WVU	Institute for Community and	
Signed:		Date:		
School Official				
	equested and return this form directhe deadline (February 7, 2025).		nmunity and Rural Health	
The above-named student is cur University School of Medicine.	rently enrolled and is in good acade	emic and professional stan	ding at West Virginia	
(Expected Graduation D	ate)			

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