



To be completed by the APPLICANT

Please complete the section below and give this form to an official in your Dean's Office or your Program Director. **The official must complete this form and is responsible for sending it directly to the Higher Education Policy Commission by January 15, 2024.** Applicants should NOT mail the form to the Higher Education Policy Commission.

Applicant first name	Middle Initial	Last name	Student identification number
Address		City	State/Zip
Phone		Email	

I, the undersigned, do hereby authorize documentation of my educational status to the Health Sciences Service Program.

Signed	Date
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To be completed by a SCHOOL OFFICIAL

Please provide the information requested below and return this form (**postmarked by January 15, 2024**) to:

Mail: Health Sciences Service Program, West Virginia Higher Education Policy Commission

1018 Kanawha Boulevard, East, Suite 700; Charleston, WV 25301

Fax: 304-712-9343 **Email:** HSSP@wvhepc.edu

The above-named student is currently enrolled and is in good academic and professional standing at the school or program listed below:

College or university	School or program
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Matriculation date	Expected graduation date
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Is the student in the final academic year of program: YES NO Student status is: Full-time Part-time

Comments:

College or university
(Affix seal if available)

Signature of official or program director	Date
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Title

Questions? Contact Michelle Ruppert at HSSP@wvhepc.edu