

UMMC Student Loans Office
 2500 North State Street
 Jackson, MS 39216

Deferment Period _____

Cancellation Period _____

Cancellation Amount \$ _____ SLO Rep _____ JE # _____

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
 Verification of Actual Practice

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. PLEASE PRINT CLEARLY.**

- **Health Care Professional Student Loans Recipients please submit copy of State License with completed form.**

Part One – To Be Completed By The Recipient

Name	
Address	
Telephone	Email
Loan/Scholarship Program	Name During Enrollment if Different
Last Four Digits of SSN	

Please select: 1) request type 2) employment status 3) request period

Deferment

<input type="checkbox"/> Mississippi Employment	<input type="checkbox"/> UMMC Employment	<input type="checkbox"/> Out of State Residency
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Start Date	End Date
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Cancellation

<input type="checkbox"/> Mississippi Employment	<input type="checkbox"/> UMMC Employment	<input type="checkbox"/>
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Start Date	End Date
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 Signature Date

Part Two – To Be Completed By Employer and/or Recipient if Self-Employed

Employer Name / Name of Practice	Address
Telephone	Email
Name: Department Head / Human Resources Representative	Dates of Employment (<u>For RN-Submit RN Hire Date Only</u>)
Employer Signature	Date