

Name of School

National Health Service Corps Students to Service Loan Repayment Program Verification of Good Standing

(To be completed by a school official only)

The Verification of Good Standing report certifies that the student identified below is enrolled and in good standing for the 2013-14 academic year as indicated. Please note that all information will be verified for accuracy.

1. Student's Name (First, Middle Initial, Last):		
2. Student's SSN (Last 4 digits):		
3. What program is the student currently enro	olled in:	
4. Is the student in good standing? (If NO, ple	ase explain):	
5. Degree the student will receive upon completion of the program:		
6. Is the student in their final year of the prog	gram: Yes No	
7. When will the all course work and rotations be completed?		
8. Anticipated date of graduation (mm/yyyy):		
By signing my name below, I certify that the current status of the student listed above has been correctly identified. I further certify that, where necessary, I have corrected the "Year in Program" and "Date of Graduation" for the student to accurately reflect the anticipated graduation date given the current enrollment. I understand that any willfully false information may be punishable as a felony under U.S. Code, Title 18, Section 1001.		
Signature	Printed Name	Date
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Title	Phone	Email