

**VIRGINIA DEPARTMENT OF HEALTH, OFFICE OF HEALTH EQUITY  
VIRGINIA DENTAL SCHOLARSHIP AND LOAN REPAYMENT PROGRAMS**

**VERIFICATION OF STUDENT ENROLLMENT FORM**

**Check one:**  **Dental Student is currently enrolled and attending**  
 **Dental Student is enrolled with anticipated start date**

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**TO BE COMPLETED BY DEAN/DIRECTOR, SCHOOL OF DENTISTRY OR AUTHORIZED DESIGNEE:**

This is to verify that:

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**(NAME OF STUDENT)**

\_\_\_\_\_ is enrolled and in good standing in the School of Dentistry Program  
(SOCIAL SECURITY #)

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**(NAME OF SCHOOL)**

Date of Enrollment: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Actual Graduation Date if known: \_\_\_\_\_

Estimated State Board Exam Date: \_\_\_\_\_

Actual State Board Exam Date: \_\_\_\_\_

GPA if available: \_\_\_\_\_

Is the student currently in residency? \_\_\_\_\_

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**SEND COMPLETED FORM TO:**

Office of Health Equity - Virginia Department of Health  
109 Governor Street, 7th Floor – Suite 714 West  
Richmond, Virginia 23219  
ATTN: Olivette Burroughs

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(Signature of School Official)

(Date)

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(Title of School Official)

(Phone Number)