

CANADIAN PODIATRY EDUCATION FOUNDATION

A Nonprofit Charitable Organization (Charitable Registration Number 88610 3597 RR0001)
203-2309 West 41st Ave, Vancouver, B.C. Canada V6M 2A3

STUDENT ASSISTANCE PROGRAMME POST GRADUATE EXTENSION

Section I - To be completed by recipients requesting deferment of payment of loan until completion of post graduate program

Name:
Present Address:
Phone:
e-mail:

Name of Post Graduate Programme(Residency):

Address of Residency:

Date of Completion of Residency:

Date start of loan repayment (six months after date of completion of residency)

Signature _____ Date _____

Section II - To be completed by Director of Post Graduate Programme

The above named Doctor of Podiatric Medicine is/will be enrolled in our post graduate programme and has requested deferment of payment of his/her CPEF SAP loan until completion of his/her programme. Please confirm his/her enrollment at your institution. Thank you.

Dr. _____ is currently enrolled with _____
(name of programme).

He will complete his post graduate training on _____.

Name

Signature

Title

Date

Please return completed form to CPEF SAP 203-2309 West 41st Ave, Vancouver, B.C. V6M 2A3