

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
CHANGE OF STATUS**

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER
ADDRESS		PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
CAREER CATEGORY	IHS AREA OFFICE	EMAIL ADDRESS

INDICATE WHICH OF THE FOLLOWING APPLIES TO YOU:

SCHOOL TRANSFER/DUAL ENROLLMENT

REASON FOR TRANSFER/DUAL ENROLLMENT:

- New school has an accredited program for my career category
- Second campus offers courses necessary to obtain my degree
- Personal/Family hardship

COMMENTS: _____

See Change of Status section of the Student Handbook for the IHS Scholarship Program policies and procedures that must be followed to complete a school transfer/dual enrollment.

CHANGE IN GRADUATION DATE

CURRENT GRADUATION DATE: _____

PROPOSED NEW GRADUATION DATE: _____

EXPLAIN YOUR REASON(S) FOR CHANGING YOUR GRADUATION DATE: _____

See Change of Status section of the Student Handbook for the IHS Scholarship Program policies and procedures related to changing your graduation date.

IHS SCHOLARSHIP PROGRAM CHANGE

CURRENT SCHOLARSHIP PROGRAM: _____

NEW SCHOLARSHIP PROGRAM: _____

EXPLAIN YOUR REASON(S) FOR CHANGING YOUR SCHOLARSHIP PROGRAM: _____

See Change of Status section of the Student Handbook for the IHS Scholarship Program policies and procedures related to changing your scholarship program.

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LEAVE OF ABSENCE (LOA)

DATE LOA WILL BEGIN: _____ DATE LOA WILL END: _____

EXPLAIN YOUR REASON(S) FOR REQUESTING AN LOA: _____

Note: You may not request an LOA during your first year of scholarship funding.

See Change of Status section of the Student Handbook for the IHS Scholarship Program policies and procedures related to requesting an LOA.

RECIPIENT'S SIGNATURE

DATE

Return to:
IHS Scholarship Program
Attn: Program Analyst
801 Thompson Ave., Suite 120
Rockville, MD 20852

Reviewed (IHS use only): _____
Analyst, Branch Chief or Designee

Approved (IHS use only): _____

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 25 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.
