



**Health Professional Scholarship Program (HPSP) &
 Visual Impairment and Orientation and Mobility Professionals Scholarship Program (VIOMPSP)**

Notice of Change and/or Annual Academic Status

(Please submit this form for any changes from the original application and annually to verify academic status.)

PRIVACY ACT NOTICE

The VA is asking you to provide the information on this form under the authority of 38 U.S.C. 7502 and 7602 in order for VA to administer your scholarship award. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the United States; litigation in which the United States is a party or has interest; the administration of VA training and scholarship programs, including verification of your eligibility to participate; and personnel administration. You do not have to provide this information to VA but, if you do not, VA may be unable to continue your scholarship award. If you give VA your social security number, VA will use it to obtain information relevant to administering your scholarship award. It also may be used for other purposes authorized or required by law.

<input type="checkbox"/> HPSP	<input type="checkbox"/> Annual Status/Progress Report	Scholarship Participant's Name (<i>Last, First, Middle</i>):	SSN:
<input type="checkbox"/> VIOMPSP	<input type="checkbox"/> Notice of Change		

I am still enrolled in the school/program for which this scholarship was awarded and
 do not have any changes to my original application/academic plan or previously approved changes. (*Attach a copy of your current transcript or grade report*)

Changes to my original application/academic plan are indicated below.

Supporting documentation is required for all changes (*new school fee schedule, etc...*) More than one change may be selected.

Name Change From: _____ To: _____

Address Change New Address: _____

Completion Date Change From: _____ To: _____ Credit Hour Change From: _____ To: _____

Course Change (*List below*)

<input type="checkbox"/> Previously Scheduled				<input type="checkbox"/> New Schedule			
Semester/Quarter	Start Date	End Date		Semester/Quarter	Start Date	End Date	
Course #	Course Title	Credits	Tuition	Course #	Course Title	Credits	Tuition
Total				Total			

Repeat Coursework Course #: _____ Course Title: _____

Change in Total Projected Costs From: _____ To: _____ Academic Probation Date: _____

Request for Suspension Start: _____ End: _____ Dismissed from School Date: _____

Leave of Absence Start: _____ End: _____

Change from full-time status to less than full-time status Date: _____

Voluntary withdrawal from course(s) during an academic term Date: _____

School/Program change (*Requires prior approval. Changes are strongly discouraged.*) Date: _____

New School/Program: _____

Reason for change(s) and planned actions other than change(s) noted above:

Participant's Signature: _____ Date: _____

Advisor comments:

Annual enrollment and satisfactory status/progress verified: Advisor Disposition on proposed change(s)/actions: Concur Do not concur

Advisor's Signature: _____ Date: _____

Submit to: HPSP/VIOMPSP, Department of Veterans Affairs, 1250 Poydras St., Suite 1000, New Orleans, LA 70113