



NATIONAL HEALTH SERVICE CORPS SCHOLARSHIP PROGRAM
ACCEPTANCE REPORT/VERIFICATION OF GOOD STANDING

This Acceptance Report/Verification of Good Standing certifies that the student identified below has been accepted for admission or is enrolled in good standing for the 2014-2015 school year (i.e., July 1, 2014 – June 30, 2015) as indicated. Please note all information will be verified for accuracy. (To be completed by a school official only)

1. Student's Name (Last, First, Middle): _____ 2. Student's SSN (Last 4 digits): _____

3. What program is the student admitted to? (Please specify if the program is a dual degree or bridge program.) _____

4. Is the student in good standing? (If NO, please explain.) _____

5. Degree/certificate the student will receive upon completion of the program: _____

6. Student classification as of the 2014-2015 school year: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

7. If the student is newly enrolled, is there a contingency to the student's acceptance to the program other than standard contingencies that apply to all admitted applicants? Examples include the student needing to repeat a course or the student receiving an "Incomplete" status for a course. ☐ Yes ☐ No

If YES, please explain: _____
(All contingencies must be met by June 30, 2014)

8. Student Status (check all that is applicable):

☐ Full-Time Enrollment ☐ Part-Time Enrollment ☐ Repeating Course Work ☐ On Academic Probation
☐ Leave of Absence ☐ Withdrawn ☐ Other (Please explain): _____

9. What schedule does the school year operate on?

☐ Semester system ☐ Quarter system ☐ Trimester system ☐ Other (Please explain): _____

10. Length of the full-time program (months or years): _____

11. Date student began the program (mm/yyyy): _____

12. Date class begins for the school year 2014-2015 (mm/yyyy): _____

13. 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.

SUBMITTED BY:

Signature: _____ Date: _____
Name: _____ Title: _____
Phone Number: _____ E-Mail Address: _____
Name of School: _____

Student may upload signed form to the NHSC SP Online Application: <https://programportal.hrsa.gov/>

