

<b>U.S. Department of Health and Human Services National Institutes of Health Undergraduate Scholarship Program (UGSP) – Academic Enrollment Certification and Service Obligation Deferment Request</b>	
<b>Applicant's Instructions</b> – Please complete Section A. Give this form to the Registrar's Office at the school at which you are enrolled starting September 2013.	<b>Academic Institution's Instructions</b> – Please complete Section B and return to mail to the National Institutes of Health Undergraduate Scholarship Program, 2 Center Drive, Room 2W11A (MSC 0230), Bethesda, Maryland 20892-0230 OR fax 301-594-9606 OR email a scanned copy to Mrs. Lizette Camacho at camachol@mail.nih.gov. Call 301-443-8215 if you have any questions or concerns.
<b>Section A – The applicant completes this section.</b>	
<b>1. Applicant's Name</b> (last, first, middle)	<b>1a. Other Names Used on Official Documents</b> (last, first, middle)
<b>2. Student Identification Number</b>	
<b>3. NIH Badge Number (completed by UGSP office)</b>	
Check One: <input type="checkbox"/> I am enrolled full-time in an accredited Undergraduate Program. University Name _____  OR <input type="checkbox"/> I meet the qualifications for the deferment checked below and request that the NIH Undergraduate Scholarship Program defer my service obligation for the academic period from _____ to _____. <input type="checkbox"/> While I am enrolled full-time in an accredited MEDICAL SCHOOL. <input type="checkbox"/> While I am enrolled full-time in an approved GRADUATE PROGRAM.	
I authorize the institution indicated in Section B to release information about my academic enrollment to administrators of the NIH Undergraduate Scholarship Program (UGSP) and to other authorized Government officials.	
Signature (Sign your full name in ink) _____ Date _____	
<b>Section B – To be completed by Academic Institution Registrar's Office</b>	
I certify, to the best of my knowledge, that the student named above is/was engaged in the program indicated above, and that the student's program meet all the eligibility requirements on this form.	
Items (1) and (2) of this section must be completed. The school may attach it's own enrollment certification report listing the required information in lieu of completing this section.	
<b>Certification of Academic Institution Registrar's Office</b> The student: (1) Is/was enrolled full-time during the academic period (MM-DD-YYYY) _____ to (MM-DD-YYYY) _____. (2) Is reasonably expected to complete his/her program requirements on (MM-DD-YYYY) _____.	
The undersigned institutional representative certifies that, to the best of his/her knowledge, the information reported above is accurate. This Certification should include the school's seal or official stamp.	
Name of School _____	
Financial Aid Administrator's Name (please print) _____ Title _____	
Signature _____ Date _____	
Telephone _____ Fax Number _____ Email Address _____	

Public reporting burden for this collection of information is estimated to average 15-minutes per response, including the time for reviewing instructions. 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

**Deferment Request Form – Reverse Side**

A deferment is a period during which I have been approved to postpone my service obligation to the National Institutes of Health (NIH).

**Deferment Eligibility Criteria:**

I may defer (postpone) my service obligation while I am:

- Enrolled full-time in an accredited MEDICAL SCHOOL.
- Enrolled full-time in GRADUATE SCHOOL (doctoral-level programs only).

Scholars enrolled in an UNDERGRADUATE DEGREE PROGRAM, please note:

- Submission of this form certifies your continuing undergraduate enrollment. If you fail to submit this form, the Undergraduate Scholarship Program (UGSP) will assume that you have withdrawn from your undergraduate degree program. Withdrawal from college prior to graduation constitutes a breach of your contract with the NIH.

**Authorized Certifying Official**

- Registrar or authorized school official or designee.

**Privacy Act Notice**

The primary use of information collected via the Office of Intramural Training and Education (OITE) online forms is to evaluate an applicant's qualifications for research training at the National Institutes of Health (NIH). Information may be used during admission consideration; in preparing appointment paperwork; and to provide data for training program evaluation. Information will be disclosed to investigators, members of advisory committees, OITE staff, and contractors working on our behalf. Additional disclosures may be made to law enforcement agencies concerning violations of law or regulation. Application for this program is voluntary, however, in order for the OITE to process an application, the applicant must complete the required fields.

The legal authority granted to NIH to train future biomedical scientists comes from several sources. Title 42 of the U.S. Code, Sections 241 and 282(b)(13) authorize the Director, NIH, to conduct and support research training for which fellowship support is not provided under Part 487 of the Public Health Service (PHS) Act (i.e., National Research Service Awards), and that is not residency training of physicians or other health professionals. Sections 405(b)(1)(C) of the PHS Act and 42 U.S.C. Sections 284(b)(1)(C) and 285-287 grant this same authority to the Director of each of the Institutes/Centers at NIH.