



NURSE Corps Scholarship Program
 U.S. Department of Health and Human Services
 Health Resources and Services Administration

School Enrollment Verification Form FALL 2015

FORM APPROVED
 OMB No. 0915-0301
 Expires 08/31/2015

***THIS FORM IS TO BE COMPLETED BY A SCHOOL OFFICIAL**

School Name: _____ State: _____

SSN (Last 4 digits)	Name	Date of Graduation	Current Student Status	Year in Program	Date of Nursing Degree Completion (MM/YYYY)
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <small>See Categories Below</small>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	

Please indicate in the current student status column, which of the following categories apply. If applicable, list a new graduation date in the comments column.

CATEGORIES: (if applicable list more than 1 number)

- 1 = Full-Time Enrollment **in Nursing Program**
- 2 = Part-Time Enrollment **in Nursing Program**
- 3 = Repeating Course Work

- 4= Leave of Absence
- 5= Withdrawn/ Dropped out of School
- 6= Other Status (please explain)

School Seal/Stamp
*raised seal - shade with pencil or crayon

Explain/Comments:

By signing my name below, I certify that the current status of the student listed above has been correctly identified from the categories provided above.

School Representative

SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____
PHONE NUMBER: _____	E-MAIL ADDRESS: _____
ADDRESS: _____	FAX NUMBER: _____

PUBLIC BURDEN STATEMENT: 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. The OMB control number for this project is 0915-0301. Public reporting burden for the applicant for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-33, Rockville, Maryland, 20857.