



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

## Notice of Approaching Graduation

Submit this completed form to the Scholarship Program Office 6 months prior to graduation.

### HPSP/VIOMPSP

Department of Veterans Affairs  
 1250 Poydras St., Suite 1000  
 New Orleans, LA 70113

### 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.

HPSP       VIOMPSP

Student's Name ( <i>Last, First, Middle</i> ):	Social Security Number:	Email Address:
--	-------------------------	----------------

Clinical Program:	Type of Degree:
-------------------	-----------------

Date all graduation requirements will be met:	Scheduled graduation date:	<input type="checkbox"/> I verify the student's graduation information is accurate.  _____ Academic Advisor Signature
---	----------------------------	--

Please check applicable boxes:

- I intend to begin my service obligation within 90 days after the educational and/or certification qualifications are met and I have been accepted for an employment position. I **do not** intend to request a deferment of my service obligation.
  - I have submitted applications for employment at VA facilities for my service obligation.  
 (*Please send a copy of your Optional Application for Federal Employment (OF 612) or a copy of the position application*)
  - I have been selected by a VA facility for my service obligation.  
 (*Submit the Status Report on Service Obligation Placement form along with this Notification of Approaching Graduation.*)  
 (*Please send a copy of your Optional Application for Federal Employment (OF 612) or a copy of the position application*)
  - I have not yet submitted applications for employment at VA facilities for my service obligation.  
 I intend to submit my applications for employment no later than \_\_\_\_\_  
 align="center">Date
  
- I intend to request a deferment of my service obligation in order to complete advanced clinical education.  
 (*Submit the Request for Deferment form along with this Notification of Impending Graduation.*)  
 (*Please send a copy of your Optional Application for Federal Employment (OF 612) or a copy of the position application*)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date