

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
CHANGE OF STATUS**

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER
ADDRESS		PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
CAREER CATEGORY	IHS AREA OFFICE	EMAIL ADDRESS

**INDICATE WHICH OF THE FOLLOWING APPLIES TO YOU:**

**SCHOOL TRANSFER/DUAL ENROLLMENT**

REASON FOR TRANSFER/DUAL ENROLLMENT:

- New school has an accredited program for my career category
- Second campus offers courses necessary to obtain my degree
- Personal/Family hardship

COMMENTS: \_\_\_\_\_

See Change of Status section of the Student Handbook for the IHS Scholarship Program policies and procedures that must be followed to complete a school transfer/dual enrollment.

**CHANGE IN GRADUATION DATE**

CURRENT GRADUATION DATE: \_\_\_\_\_

PROPOSED NEW GRADUATION DATE: \_\_\_\_\_

EXPLAIN YOUR REASON(S) FOR CHANGING YOUR GRADUATION DATE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

See Change of Status section of the Student Handbook for the IHS Scholarship Program policies and procedures related to changing your graduation date.

**IHS SCHOLARSHIP PROGRAM CHANGE**

CURRENT SCHOLARSHIP PROGRAM: \_\_\_\_\_

NEW SCHOLARSHIP PROGRAM: \_\_\_\_\_

EXPLAIN YOUR REASON(S) FOR CHANGING YOUR SCHOLARSHIP PROGRAM: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

See Change of Status section of the Student Handbook for the IHS Scholarship Program policies and procedures related to changing your scholarship program.

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**LEAVE OF ABSENCE (LOA)**

DATE LOA WILL BEGIN: \_\_\_\_\_ DATE LOA WILL END: \_\_\_\_\_

EXPLAIN YOUR REASON(S) FOR REQUESTING AN LOA: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** You may not request an LOA during your first year of scholarship funding.

See Change of Status section of the Student Handbook for the IHS Scholarship Program policies and procedures related to requesting an LOA.

RECIPIENT'S SIGNATURE

DATE

**Return to:**  
IHS Scholarship Program  
Attn: Program Analyst  
801 Thompson Ave., Suite 120  
Rockville, MD 20852

**Reviewed (IHS use only):** \_\_\_\_\_  
Analyst, Branch Chief or Designee

**Approved (IHS use only):** \_\_\_\_\_

**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 25 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 Indian Health Service, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

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