

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
NOTIFICATION OF ACADEMIC PROBLEM**

RECIPIENT'S NAME	SOCIAL SECURITY NUMBER
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ADDRESS	PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
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CAREER CATEGORY	IHS AREA OFFICE	EMAIL ADDRESS
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SCHOLARSHIP PROGRAM:  Preparatory  Pre-Graduate  Health Professions

**ENROLLMENT STATUS:**  Fall  Winter  Spring  Summer  
 Semester  Quarter  Trimester  
 Full-time  Part-time

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

- I am having problems with my courses.
- I am considering withdrawing from school.
- My advisor has recommended that I drop one or more of my courses.
- I have been dismissed from school.

<input type="checkbox"/> Current Enrolled Credit Hours _____	<input type="checkbox"/> Proposed Credit Hours _____
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Description of problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List by course number, title, and hours the courses you are having problems in:

COURSE NUMBER	TITLE	HRS.	COURSE NUMBER	TITLE	HRS.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Describe your proposed action (i.e., seek no assistance and withdraw or terminate, plan to repeat course(s) during summer school, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required signature on back of this form**

RECIPIENT'S SIGNATURE		DATE
ADVISOR/COUNSELOR NAME (Print)	POSITION TITLE	DATE
ADVISOR/COUNSELOR SIGNATURE	PHONE: CELL <input type="checkbox"/> OFFICE <input type="checkbox"/>	

**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

**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 8 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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