**Bureau of Health Workforce**

U.S. Department of Health and Human Services Health Resources and Services Administration

OMB No.: 0915-0146

Expiration Date: XX/XX/20XX

**NATIONAL HEALTH SERVICE CORPS SCHOLARSHIP PROGRAM**

**ACCEPTANCE REPORT/VERIFICATION OF GOOD STANDING**

**This Acceptance Report/Verification of Good Standing certifies that the student identified below has been accepted for admission or is enrolled in good standing for the 2016-2017 school year (i.e., July 1, 2016 – June 30, 2017) as indicated. Please note all information will be verified for accuracy. (To be completed by a school official only)**

1. Student’s Name (Last, First, Middle): 2. Student’s SSN (Last 4 digits):

1. What program is the student admitted to? (Please specify if the program is a dual degree or bridge program.)
2. Is the student in good standing? (If NO, please explain.)
3. Degree/certificate the student will receive upon completion of the program:
4. Student classification as of the 2016-2017 school year: 1st 2nd 3rd 4th
5. If the student is newly enrolled, is there a contingency to the student’s acceptance to the program other than standard contingencies that apply to all admitted applicants? Examples include the student needing to repeat a course or the student receiving an “Incomplete” status for a course. Yes No

If **YES**, please explain:

**(All contingencies must be met by June 30, 2017)**

1. Student Status (check all that is applicable):

Full-Time Enrollment Part-Time Enrollment Repeating Course Work On Academic Probation

Leave of Absence Withdrawn Other (Please explain):

1. What schedule does the school year operate on?

Semester system Quarter system Trimester system Other (Please explain):

1. Length of the full-time program (months or years):
2. Date student began the program (mm/yyyy):
3. Date class begins for the school year 2016-2017 (mm/yyyy):
4. Anticipated date of graduation (mm/yyyy):

By signing my name below, I certify that the current status of the student listed above has been correctly identified. I further certify that, where necessary, I have corrected the “Year in Program” and “Date of Graduation” for the student to accurately reflect the anticipated graduation date given the current enrollment. I understand that any willfully false information may be punishable as a felony under U.S. Code, Title 18, Section 1001.

**SUBMITTED BY:**

Signature: Date: Name: Title:

Phone Number: E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: Name of School:

*Student may upload signed form to the NHSC SP Online Application:* [https://programportal.hrsa.gov/](https://programportal.hrsa.gov/nhscsp)