



**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): \_\_\_\_\_

3. What program is the student admitted to? (Please specify if the program is a dual degree or bridge program.)  
 \_\_\_\_\_

4. Is the student in good standing? (If NO, please explain.)  
 \_\_\_\_\_

5. Degree/certificate the student will receive upon completion of the program:  
 \_\_\_\_\_

6. Student classification as of the 2016-2017 school year:    •1<sup>st</sup>                      •2<sup>nd</sup>                      • 3<sup>rd</sup>                      •4<sup>th</sup>

7. 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)**

8. 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 •Leave of Absence                      •Withdrawn                              • Other (Please explain): \_\_\_\_\_

9. What schedule does the school year operate on?  
 •Semester system    •Quarter system    • Trimester system    • Other (Please explain): \_\_\_\_\_

10. Length of the full-time program (months or years): \_\_\_\_\_

11. Date student began the program (mm/yyyy): \_\_\_\_\_

12. Date class begins for the school year 2016-2017 (mm/yyyy): \_\_\_\_\_

13. 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/>*