

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

| | |
|------------------|------------------------|
| RECIPIENT'S NAME | SOCIAL SECURITY NUMBER |
|------------------|------------------------|

| | |
|---------|--|
| ADDRESS | PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/> |
|---------|--|

| | | |
|-----------------|-----------------|---------------|
| CAREER CATEGORY | IHS AREA OFFICE | EMAIL ADDRESS |
|-----------------|-----------------|---------------|

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 _____ |
|--|--|

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.
