

U. S. Department of Health and Human Services
 HEALTH RESOURCES & SERVICES
 ADMINISTRATION
 Bureau of Health Workforce
 PAPA OLA LOKAHI



Title 42 Chapter 122 Section 11700 Native Hawaiian Health Scholarship Program

APPLICANT'S NAME	DEGREE ie. Masters Degree in Nursing
COLLEGE / UNIVERSITY	PROJECTED GRADUATION MO/YR

THIS Form E - Program Course Curriculum MUST BE COMPLETED and RETURNED to NHHS

APPLICANT applied for Admission or is Enrolled at above-mentioned College/University since/for the **Academic Year 20__ - 20__**.
 APPLICANT will be enrolled OR is anticipated to be enrolled **Full-Time** in an undergraduate/graduate degree-seeking program (identified above) for the Academic Year **2017-2018**.

LIST Degree Program CURRICULUM from (start of) **FIRST YEAR** to **COMPLETION**

e.g. FALL 2017 Months: August-December

SUMMER _____ (Year)	Months: _____	YEAR ONE
COURSE NUMBER	CREDIT HOURS	COURSE TITLE

SIGNATURE _____ DATE _____

SPRING _____ (Year)
COURSE NUMBER

Months: _____
CREDIT HOURS COURSE TITLE

SUMMER _____ (Year)
COURSE NUMBER

Months: _____

YEAR TWO

CREDIT HOURS COURSE TITLE

FALL _____ (Year)
COURSE NUMBER

Months: _____
CREDIT HOURS COURSE TITLE

SPRING _____ (Year)
COURSE NUMBER

Months: _____
CREDIT HOURS COURSE TITLE

APPLICANT: _____

SUMMER _____ (Year)

Months: _____

YEAR THREE

COURSE NUMBER _____

CREDIT HOURS _____

COURSE TITLE _____

FALL _____ (Year)

Months: _____

COURSE NUMBER _____

CREDIT HOURS _____

COURSE TITLE _____

SPRING _____ (Year)

Months: _____

COURSE NUMBER _____

CREDIT HOURS _____

COURSE TITLE _____

SUMMER _____ (Year)

Months: _____

YEAR FOUR

COURSE NUMBER _____

CREDIT HOURS _____

COURSE TITLE _____

APPLICANT: _____

FALL _____ (Year)
COURSE NUMBER

Months: _____
CREDIT HOURS COURSE TITLE

SPRING _____ (Year)
COURSE NUMBER

Months: _____
CREDIT HOURS COURSE TITLE

_____ (Year)
COURSE NUMBER

Months: _____
CREDIT HOURS COURSE TITLE

_____ (Year)
COURSE NUMBER

Months: _____
CREDIT HOURS COURSE TITLE

APPLICANT: _____
