



READJUSTMENT COUNSELING SERVICE SCHOLARSHIP PROGRAM (RCSSP) NOTICE OF CHANGE AND/OR ANNUAL ACADEMIC STATUS

(Please submit this form for any changes from the original application and annually to verify academic status.)

THE PAPERWORK REDUCTION ACT OF 1995: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Therefore, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this form will average 20 minutes. This includes the time it will take to follow instructions, gather the necessary facts, and fill out the form.

PRIVACY ACT NOTICE: The VA is asking you to provide the information on this form under the authority of 38 CFR, sections 17.545 through 17.553 (RCSSP) in order for VA to determine the applicant's eligibility to receive a scholarship award. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the United States; litigation in which the United States is a party or has interest; the administration of VA training and scholarship programs, including verification of the applicant's eligibility to participate; and personnel administration. You do not have to provide this information to VA but, if you do not, VA may be unable to process the applicant's request for a scholarship. If you give VA a social security number, VA will use it to obtain information relevant to determining whether to grant a scholarship, and to administer the applicant's scholarship, if awarded. It also may be used for other purposes authorized or required by law.

RCSSP Annual Status/Progress Report Notice of Change

Scholarship Participant's Name (*Last, First, Middle*):

SSN (*Last 4 Only*):

I am still enrolled in the school/program for which this scholarship was awarded and do not have any changes to my original application/academic plan or previously approved changes. Changes to my original application/academic plan are indicated below. (*Attach a copy of your current transcript or grade report*)

Name Change From: _____ To: _____

Address Change New Address: _____

Supporting documentation is required for any changes identified below (*new school fee schedule, etc.*)
More than one change may be selected.

Completion Date Change From (MM/DD/YYYY): _____ To (MM/DD/YYYY): _____ Credit Hour Change From (MM/DD/YYYY): _____ To (MM/DD/YYYY): _____

Course Change (*List below*)

Previously Scheduled

New Schedule

Semester/Quarter	Start Date (MM/DD/YYYY):	End Date (MM/DD/YYYY):	Credits	Tuition	Semester/Quarter	Start Date (MM/DD/YYYY):	End Date (MM/DD/YYYY):	Credits	Tuition
Course #	Course Title				Course #	Course Title			
_____	_____				_____	_____			
_____	_____				_____	_____			
_____	_____				_____	_____			
Total					Total				

Repeat Previously Failed Coursework Course #: _____ Course Title: _____

Change in Total Projected Costs From (MM/DD/YYYY): _____ To (MM/DD/YYYY): _____ Academic Probation Date (MM/DD/YYYY): _____

Request for Suspension Start (MM/DD/YYYY): _____ End (MM/DD/YYYY): _____ Dismissed from School Date (MM/DD/YYYY): _____

Leave of Absence Start (MM/DD/YYYY): _____ End (MM/DD/YYYY): _____ USMLE Step 1 Passed Date (MM/DD/YYYY): _____

Change from full-time status to less than full-time status Date (MM/DD/YYYY): _____ USMLE Step 2 Passed Date (MM/DD/YYYY): _____

Voluntary withdrawal from course(s) during an academic term Date (MM/DD/YYYY): _____

School/Program change (*Requires prior approval. Changes are strongly discouraged.*) Date (MM/DD/YYYY): _____

New School/Program: _____

Reason for change(s) and planned actions other than change(s) noted above:

Participant's Signature: _____ Date (MM/DD/YYYY): _____

Advisor comments:

Advisor's Signature: _____ Date (MM/DD/YYYY): _____

Annual enrollment and satisfactory status/progress verified: Advisor Disposition on proposed change(s)/actions: Concur Do not concur

**Submit to: RCSSP, Department of Veterans Affairs, Readjustment Counseling Service (10RCS),
810 Vermont Ave., NW, Washington, DC 20420**