

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

RECIPIENT'S NAME	DEGREE PROGRAM
ADDRESS	PHONE: CELL HOME
IHS AREA OFFICE	EMAIL ADDRESS

SCHOLARSHIP:    Preparatory            Pre-Graduate            Health Professions

**ACADEMIC TERM:**            Fall                          Winter                          Spring                          Summer  
   Semester                          Quarter                          Trimester

**ENROLLMENT STATUS:**    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.

Current Enrolled Credit Hours _____	Proposed Credit Hours _____
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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.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Explain your proposed action (for example, seek tutorial assistance, withdraw from course(s), repeat course(s), etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required signature on back of this form**

RECIPIENT'S SIGNATURE		DATE
ADVISOR/COUNSELOR NAME (Print)	POSITION TITLE	DATE
ADVISOR/COUNSELOR SIGNATURE	PHONE: CELL	OFFICE

**Return to:**  
 Indian Health Service  
 Scholarship Program  
 5600 Fishers Lane  
 Mail Stop: OHR (11E53A)  
 Rockville, MD 20857

**Reviewed (IHS use only):** \_\_\_\_\_  
 Analyst, Branch Chief or Designee

**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0006. This information collection is for the purposes of the Indian Health Service Scholarship Program to provide Preparatory, Pre-graduate, and Health Professions Scholarships to students pursuing health professions education and training and the information collected will be used to identify qualified American Indian/Alaska Native students. The time required to complete this information collection is estimated to average less than 8 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required to obtain or retain a benefit (25 U.S.C. § 1613 and 25 U.S.C. § 1613a) and is subject to Privacy Act safeguards, 5 U.S.C. § 552a(e)(4) and the nature and extent of confidentiality is set forth in the Privacy Act and SORN # 09-17-0002, described at 74 FR 50222 (September 30, 2009). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Indian Health Service, IHS Information Collections Clearance Officer, 5600 Fishers Lane, Mail stop: 09E70, Rockville, MD 20857.