

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
CHANGE OF STATUS**

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

**INDICATE WHICH OF THE FOLLOWING REQUESTS APPLY TO YOU:**

**TRANSFER/DUAL ENROLLMENT**

REASON FOR TRANSFER/DUAL ENROLLMENT:

New school has an accredited program for my degree program.

Second campus offers courses necessary to obtain my degree.

Personal/family hardship.

COMMENTS: \_\_\_\_\_

Read the Change of Status section of the Student Handbook for program policies related to transferring or seeking dual enrollment at another college/university.

**CHANGE IN GRADUATION DATE**

CURRENT GRADUATION DATE: \_\_\_\_\_

NEW GRADUATION DATE: \_\_\_\_\_

EXPLAIN YOUR REASON(S) FOR CHANGING YOUR GRADUATION DATE: \_\_\_\_\_

Read the Change of Status section of the Student Handbook for program policies related to changing your graduation date.

**LEAVE OF ABSENCE (LOA)**

DATE LOA WILL BEGIN: \_\_\_\_\_ DATE LOA WILL END: \_\_\_\_\_

EXPLAIN YOUR REASON(S) FOR REQUESTING AN LOA: \_\_\_\_\_

**Note:** LOA requests during the first year of scholarship funding are typically not granted and will be handled on a case by case basis.

Read the Change of Status section of the Student Handbook for program policies related to requesting an LOA.

**Required signature on back of this form**

RECIPIENT'S SIGNATURE

DATE

**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

**Approved (IHS use only):** \_\_\_\_\_

**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 25 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, Scholarship Program, 5600 Fishers Lane, Mail Stop: OHR (11E53A), Rockville, MD 20857.

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