

**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

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 25 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.
