OMB Number: 0915-0146
Expiration Date: xx/xx/xxxx

National Health Service Corps
Scholarship Program
U.S. Department of Health and Human Services Health Resources and Services Administration

ACCEPTANCEREPORT/VERIFICATIONOFGOODSTANDING

This Acceptance Report/Verification of Good Standing certifies that the student identified below has been accepted for full- time admission or is enrolled in full-time and in good standing for the 202x-202x school year (i.e., July 1, 202x – June 30, 202x) as indicated. Please note all information will be verified for accuracy. (To be completed by a school official only). If the applicant is newly accepted to the program, complete sections A and C. For continuing students complete sections B and C.

Section A – Newly Accepted Students

1. Student's Name (Last, First, Middle): ________________________ 2. Student's SSN (Last 4 digits): ____________

3. Is the student in good standing? ☐ Yes ☐ No

(If NO, please explain.) ____

4. Degree/certificate the student will receive upon completion of the program: ________________________

5. Student year in program as of the 202x-202x school year: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐

6. Is there a contingency to the student's acceptance to the program other than standard contingencies that apply to all admitted applicants? Examples include the student needing to repeat a course or the student receiving an "Incomplete" status for a course.
Yes ☐ No ☐

If YES, please explain: ____
(All contingencies must be met by June 30, 202x)

7. What schedule/system does the school year operate on? ☐ Semester ☐ Quarter ☐ Trimester
☐ Other (Please explain) ____

8. Length of the full-time program (months or years) ____

9. Date class begins for the school year 202x-202x (mm/dd/yyyy): ____

10. Anticipated date of graduation (mm/dd/yyyy):____

Section B – Continuing Students

1. Student's Name (Last, First, Middle): ____________________ 2. Student's SSN (Last 4 digits): __________________

3. What program is the student admitted to? (Please specify if the program is a dual degree or bridge program.)

____

3. Is the student in good standing? ☐ Yes ☐ No

(If No, please explain.) ____

4. Degree/certificate the student will receive upon completion of the program: ________________________________

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5. Student classification as of the 202x-202x school year: 1st 2nd 3rd 4th

6. Student Status (check all that is applicable): Full-Time Enrollment Part-Time Enrollment Repeating Coursework On Academic Probation On a Leave of Absence Withdrawn Other (please explain) ____ ______________________

7. What schedule/system does the school year operate on? Semester Quarter Trimester Other (Please explain) ____

8. Length of the full-time program (months or years) ____

9. Date student began the program (mm/dd/yyyy) ____

10. Anticipated date of graduation (mm/dd/yyyy): ____________________________

Section C

By signing my name below, I certify that the current status of the student listed above has been correctly identified. I further certify that, where necessary, I have corrected the "Year in Program" and "Date of Graduation" for the student to accurately reflect the anticipated graduation date given the current enrollment. I understand that any willfully false information may be punishable as a felony under U.S. Code, Title 18, Section 1001.

SUBMITTED BY:

Signature: ____ Date: ______________________________
Name: ____ Title: ______________________________
Phone Number: _____________________________________ E-Mail Address:
Name of School: ____

Student may upload hand signed form to the NHSC SP Online Application: https://programportal.hrsa.gov/

For questions on how/where to submit this form please contact the Customer Care Center at: 1-800-221-9393.