

**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 APPLIES 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: You may not request an LOA during your first year of scholarship funding.

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.
