DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE

FORM APPROVED: OMB Approval No: 0917-0006 Exp. Date: 3/31/2020

See Estimated Average Burden Time per Response on page 2.

EF

## PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM RECIPIENT'S INITIAL PROGRAM PROGRESS REPORT

RECIPIENT'S NAME			DEGREE PROGRAM		
ADDRESS				PHONE: CELL HOME	
ISSNESS				THORE. GLEE HOME	
HS AREA OFFICE			EMAIL ADDRESS		
		0 1 1			
SCHOLARSHIP: Prepar	atory Pre	-Graduate	Health Professions		
ACADEMIC TERM:	Fall	Winter	Spring	Summer	
	Semester	Quarter	Trimester		
ENROLLMENT STATUS:	Full-time	Part-time			
CLASS ENROLLMENT: List printout to attach to this rep		which you are c	currently enrolled if you	u do not have an official	university
COURSE NUMBER COURSE	TITLE	HRS.	COURSE NUMBER	COURSE TITLE	HRS.
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				-	
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I will participate in the follow	ving special activ	vities in my scho	ol or community:		
I have an acceptanced the follo	wing problems	with my ashaal	oommunity or oobolor	ahin	
I have encountered the follo	wing problems	WILLI THY SCHOOL,	community or scholar	sriip.	
Activities that will affect my	status in the co	ming months inc	·lude:		
				Required signature on b	oack of this forr

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dditional comments:			
TUDENTIO CIONATUDE			DATE
TUDENT'S SIGNATURE			DATE
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DVISOR OR REGISTRAR NAME (Print)	POSITION TITLE		DATE
DVISOR OR REGISTRAR SIGNATURE	PHON	NE: CELL OFF	ICE
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Analyst, Branch Chief or Designee  ESTIMATED AVERAGE BUR  Public reporting burden for this collection of information in	s estimated to average 8 minut	es per response	
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