

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
COURSE CURRICULUM VERIFICATION**

APPLICANT'S NAME John Smith	SOCIAL SECURITY NUMBER xxx-xx-1234
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DEGREE PROGRAM Pre-Medicine	IHS AREA OFFICE Nashville	EMAIL ADDRESS jsmith@email.com
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Are you applying as a:     New Applicant                       Extension Applicant

**THIS FORM MUST BE COMPLETED AND THEN SIGNED BY THE APPROPRIATE COLLEGE OR UNIVERSITY OFFICIAL**

This verifies that the individual referenced above has applied for admission or is enrolled at (Name of College/University)  
University of for the **academic year 20 16** – **20 17**.

He/She will be enrolled in either a **full-time** or **part-time** undergraduate/graduate curriculum which fulfills the requirement for admission into his/her chosen health program identified above. The individual will be enrolled/or is anticipated to be enrolled in the following courses commencing **Fall 20 18**.

**\*\*\*ATTACH CURRICULUM FOR MAJOR FROM FIRST YEAR TO COMPLETION\*\*\***

<b>SEMESTER I / TRIMESTER I / QUARTER I (Required)</b>			TOTAL S / T / Q HOURS: <u>16</u>
COURSE NUMBER	CREDIT HOURS	COURSE TITLE	
<u>ESEM 150</u>	<u>1</u>	<u>Seminar</u>	
<u>INTP 150</u>	<u>3</u>	<u>Interpretive Practices</u>	
<u>CHEM 111</u>	<u>3</u>	<u>Principles of Chemistry</u>	
<u>PSYCH 100</u>	<u>3</u>	<u>Introduction to Psychology</u>	
<u>CHEM 221</u>	<u>3</u>	<u>Organic Chemistry I</u>	
<u>BIOL 112</u>	<u>3</u>	<u>Cells, Genes and Inheritance</u>	

<b>SEMESTER II / TRIMESTER II / QUARTER II (Required)</b>			TOTAL S / T / Q HOURS: <u>12</u>
COURSE NUMBER	CREDIT HOURS	COURSE TITLE	
<u>BIOL 341</u>	<u>3</u>	<u>Cell Physiology</u>	
<u>CHEM 321</u>	<u>3</u>	<u>Organic Chemistry II</u>	
<u>CHEM 331</u>	<u>3</u>	<u>Equilibrium and Analysis</u>	
<u>CALC 200</u>	<u>3</u>	<u>Calculus</u>	

Required signature on back of this form

**TRIMESTER III / QUARTER III (Required, if applicable)**TOTAL T / Q HOURS: 12

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
<u>BIOL 382</u>	<u>3</u>	<u>Biology</u>
<u>MUS 161</u>	<u>3</u>	<u>Introduction to World Music</u>
<u>PSYCH 377</u>	<u>3</u>	<u>Positive Psychology</u>
<u>PHYS 120</u>	<u>3</u>	<u>Physics</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**QUARTER IV (Required, if applicable)**

TOTAL Q HOURS: \_\_\_\_\_

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____

NAME (Print) <b>Robert Doe</b>		POSITION TITLE (Required) <b>Academic Advisor</b>	
SIGNATURE <b>[Signature Required]</b>		DATE <b>12/14/15</b>	PHONE NUMBER <b>555-550-0101</b>

**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 42 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