

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
NOTIFICATION OF ACADEMIC PROBLEM**

RECIPIENT'S NAME	DEGREE PROGRAM
ADDRESS	PHONE: CELL HOME
IHS AREA OFFICE	EMAIL ADDRESS

SCHOLARSHIP: Preparatory Pre-Graduate Health Professions

ACADEMIC TERM: Fall Winter Spring Summer
 Semester Quarter Trimester

ENROLLMENT STATUS: Full-time Part-time

INDICATE WHICH OF THE FOLLOWING APPLIES TO YOU:

- I am having problems with my courses.
- I am considering withdrawing from school.
- My advisor has recommended that I drop one or more of my courses.
- I have been dismissed from school.

Current Enrolled Credit Hours _____	Proposed Credit Hours _____
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Description of problem: _____

List by course number, title and hours the courses you are having problems in:

COURSE NUMBER	TITLE	HRS.	COURSE NUMBER	TITLE	HRS.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Explain your proposed action (for example, seek tutorial assistance, withdraw from course(s), repeat course(s), etc.):

Required signature on back of this form

RECIPIENT'S SIGNATURE		DATE
ADVISOR/COUNSELOR NAME (Print)	POSITION TITLE	DATE
ADVISOR/COUNSELOR SIGNATURE	PHONE: CELL	OFFICE

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

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 8 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.
