

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

F-04 (Rev. 12/01)

NOTIFICATION OF ACADEMIC PROBLEM/CHANGE

FORM APPROVED:
 OMB Approval No. 0917-0006
 Exp. Date: 12/31/2007
 See Estimated Average Burden Time
 per Response on Reverse Side

NAME OF RECIPIENT	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
TYPE OF PROGRAM <input type="checkbox"/> Preparatory <input type="checkbox"/> Pre-graduate <input type="checkbox"/> Health Professions	

CIRCLE ONE: Fall Winter Spring Summer

CIRCLE ONE: Semester Quarter

INDICATE WHICH OF THE FOLLOWING APPLIES TO YOU:

I AM CURRENTLY ENROLLED IN THE MINIMUM REQUIREMENT OF 12 CREDIT HOURS BUT AM HAVING PROBLEMS.

I HAVE BEEN PLACED ON ACADEMIC PROBATION.

I AM A PART-TIME STUDENT CURRENTLY ENROLLED IN AT LEAST 6 CREDIT HOURS BUT HAVING PROBLEMS.

I HAVE DROPPED COURSES WITH RECOMMENDATION AND APPROVAL OF MY ADVISOR.

<input type="checkbox"/> Previous Enrolled Credit Hours	<input type="checkbox"/> Current Enrolled 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.
_____	_____	_____	_____	_____	_____

DESCRIBE YOUR PROPOSED ACTION (i.e., obtain tutor assistance, seek no assistance and withdraw or terminate, etc.): _____

STUDENT'S SIGNATURE	DATE
ADVISOR'S SIGNATURE	DATE
SCHOLARSHIP COORDINATOR'S SIGNATURE	DATE REVIEWED
BRANCH CHIEF'S SIGNATURE	DATE REVIEWED

Please return the completed F-04 form to IHSSP, 801 Thompson Avenue Suite 120, Rockville, MD 20852.