

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM
NOTICE OF IMPENDING GRADUATION

H-08 (Rev. 12/01)

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2007

*See Estimated Average Burden Time
per Response on Reverse Side*

Placement Officer
IHS Scholarship Branch
801 Thompson Avenue - Suite 120
Rockville, Maryland 20852

I will be graduating in _____ Month/Year

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Health Professions Discipline: _____

Graduation Date: _____

Type of Degree: _____

Name of University: _____

Intend to Defer (Medical Students ONLY): _____

Signature (*Do Not Print*)

Please return the completed H-08 form to IHSSP, 801 Thompson Avenue Suite 120, Rockville, MD 20852.