

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE

L-03 (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*

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

REQUEST FOR PRIOR APPROVAL OF DEFERMENT

This document represents a prior request from you for the deferment of your service obligation incurred under Section 338-A of the Public Health Service Act.

Name: _____

Address: _____

Daytime Telephone Number: _____

Social Security Number: _____

Postgraduate Clinical Program: _____

Program Director's Name and Clinic Address: _____

Length of Program: _____

Date available for Service: _____

Name, address, and telephone number (other than your own) of a person through whom you may always be reached:

Recipient's Signature

Date