

**PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM**

**IHS-856-11** (Rev. 2/08)

**NOTIFICATION OF ACADEMIC PROBLEM/CHANGE**

FORM APPROVED:  
 OMB Approval No. 0917-0006  
 Exp. Date: 2/28/2011  
*See Estimated Average Burden Time per Response on Reverse Side*

NAME OF RECIPIENT	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
ADDRESS	EMAIL ADDRESS
	TELEPHONE NUMBER
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.

Previous Enrolled Credit Hours \_\_\_\_\_     Current Enrolled Credit Hours \_\_\_\_\_

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

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#### 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, OPHS/DHPS/Scholarships Branch, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852, RE: PRA 0917-0006.*