

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
COURSE CURRICULUM VERIFICATION**

APPLICANT'S NAME		SOCIAL SECURITY NUMBER	
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS	

Are you applying as a:  New Applicant  Continuing Applicant

**THIS FORM MUST BE COMPLETED AND THEN SIGNED BY THE APPROPRIATE COLLEGE OR UNIVERSITY OFFICIAL**

This verifies that the individual referenced above has applied for admission or is enrolled at (Name of College/University) \_\_\_\_\_ for the **academic year 20** \_\_\_\_\_ – **20** \_\_\_\_\_.

He/She will be enrolled in either a **full-time** or **part-time (circle one)** undergraduate/graduate curriculum which fulfills the requirement for admission into his/her chosen health program identified above. The individual will be enrolled/or is anticipated to be enrolled in the following courses commencing **Fall 20** \_\_\_\_\_.

**\*\*\*ATTACH CURRICULUM FOR MAJOR FROM FIRST YEAR TO COMPLETION\*\*\***

**SEMESTER I / TRIMESTER I / QUARTER I (Required)**

TOTAL S / T / Q HOURS: \_\_\_\_\_

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SEMESTER II / TRIMESTER II / QUARTER II (Required)**

TOTAL S / T / Q HOURS: \_\_\_\_\_

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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NAME (Print)	POSITION TITLE (Required)	
SIGNATURE	DATE	PHONE NUMBER

**TRIMESTER III / QUARTER III (Required, if applicable)**

TOTAL T / Q HOURS: \_\_\_\_\_

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**QUARTER IV (Required, if applicable)**

TOTAL Q HOURS: \_\_\_\_\_

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 42 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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

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