



Health Professional Scholarship Program (HPSP), Visual Impairment and Orientation and Mobility Professionals Scholarship Program (VIOMPSP), & Veterans Healing Veterans Medical Access and Education Scholarship Program (VHVMAESP)

Notice of Change and/or Annual Academic Status

(Please submit this form for any changes from the original application and annually to verify academic status.)

PRIVACY ACT NOTICE

The VA is asking you to provide the information on this form under the authority of 38 U.S.C. §7501 (VIOMPSP), §7611 (HPSP), and §7601 (VHVMAESP) in order for VA to administer your scholarship award. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the United States; litigation in which the United States is a party or has interest; the administration of VA training and scholarship programs, including verification of your eligibility to participate; and personnel administration. You do not have to provide this information to VA but, if you do not, VA may be unable to continue your scholarship award. If you give VA your social security number, VA will use it to obtain information relevant to administering your scholarship award. It also may be used for other purposes authorized or required by law.

<input type="checkbox"/> HPSP	<input type="checkbox"/> VHVMAESP	<input type="checkbox"/> Annual Status/Progress Report	Scholarship Participant's Name (<i>Last, First, Middle</i>):	SSN (Last 4 Only):
<input type="checkbox"/> VIOMPSP		<input type="checkbox"/> Notice of Change		

I am still enrolled in the school/program for which this scholarship was awarded and do not have any changes to my original application/academic plan or previously approved changes. (*Attach a copy of your current transcript or grade report*)

Changes to my original application/academic plan are indicated below.

Name Change From: _____ To: _____

Address Change New Address: _____

Supporting documentation is required for any changes identified below (*new school fee schedule, etc.*) More than one change may be selected.

Completion Date Change From: _____ To: _____ Credit Hour Change From: _____ To: _____

Course Change (*List below*)

Previously Scheduled New Schedule

Semester/Quarter	Start Date	End Date		Semester/Quarter	Start Date	End Date	
Course #	Course Title	Credits	Tuition	Course #	Course Title	Credits	Tuition
Total				Total			

Repeat Previously Failed Coursework Course #: _____ Course Title: _____

Change in Total Projected Costs From: _____ To: _____ Academic Probation Date: _____

Request for Suspension Start: _____ End: _____ Dismissed from School Date: _____

Leave of Absence Start: _____ End: _____ USMLE Step 1 Passed Date: _____

Change from full-time status to less than full-time status Date: _____ USMLE Step 2 Passed Date: _____

Voluntary withdrawal from course(s) during an academic term Date: _____

School/Program change (*Requires prior approval*) Date of Prior Approval: _____

New School/Program: _____

Reason for change(s) and planned actions other than change(s) noted above: _____

Participant's Signature: _____ Date: _____

Advisor comments: _____

Annual enrollment and satisfactory status/progress verified: Advisor Disposition on proposed change(s)/actions: Concur Do not concur

Advisor's Signature: _____ Date: _____

Submit to: HPSP/VIOMPSP/VHVMAESP, Department of Veterans Affairs, 1250 Poydras St., Suite 1000, New Orleans, LA 70113