



**Health Professional Scholarship Program (HPSP) &  
Visual Impairment and Orientation and Mobility Professionals Scholarship Program (VIOMPSP)**

## 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. 7502 and 7602 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"/> Annual Status/Progress Report	Scholarship Participant's Name ( <i>Last, First, Middle</i> ):	SSN:
<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.

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

<input type="checkbox"/> Name Change	From: _____	To: _____
<input type="checkbox"/> Address Change	New Address: _____	
<input type="checkbox"/> Completion Date Change	From: _____	To: _____
<input type="checkbox"/> Credit Hour Change	From: _____	To: _____

<input type="checkbox"/> Course Change ( <i>List below</i> )							
<input type="checkbox"/> Previously Scheduled				<input type="checkbox"/> New Schedule			
Semester/Quarter	Start Date	End Date		Semester/Quarter	Start Date	End Date	
Course #	Course Title	Credits	Tuition	Course #	Course Title	Credits	Tuition
<b>Total</b>				<b>Total</b>			

<input type="checkbox"/> Repeat Coursework	Course #: _____	Course Title: _____
<input type="checkbox"/> Change in Total Projected Costs	From: _____	To: _____
<input type="checkbox"/> Academic Probation	Date: _____	
<input type="checkbox"/> Request for Suspension	Start: _____	End: _____
<input type="checkbox"/> Dismissed from School	Date: _____	
<input type="checkbox"/> Leave of Absence	Start: _____	End: _____
<input type="checkbox"/> Change from full-time status to less than full-time status	Date: _____	
<input type="checkbox"/> Voluntary withdrawal from course(s) during an academic term	Date: _____	

School/Program change (*Requires prior approval. Changes are strongly discouraged.*) Date: \_\_\_\_\_  
 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, Department of Veterans Affairs, 1250 Poydras St., Suite 1000, New Orleans, LA 70113**