

NAVY HPSP ACADEMIC YEAR STATEMENT

In order to establish an exact benefit start date, the student and the school registrar must complete the information below. All information should be filled in and the form sent to the Navy Medicine Accessions Department. If received without proper school endorsement, signatures, or incomplete fields, tuition and/or benefit payments may be affected and it will be sent back to the student for completion. Please email completed form, as well as any questions to: USN.OHSTUDENT@MAIL.MIL. PLEASE PRINT CLEARLY!

Student Information

Full Name of Student	Last Four of Social Security Number	E-mail Address

Program: Medical Dental Optometry Podiatry Clinical Psychology

NOTE: The Navy HPSP will pay tuition ONLY for classes/semesters required for the professional degree (MD, DO, DDS, DMD, OD, PA, DPM, Psy.D, Ph.D., etc.). Optional summer semesters and classes required for a **SECOND DEGREE WILL NOT BE PAID BY THE NAVY.**

School Name:

School Address:
(Street, City, State, and Zip Code)

As a participant in the Armed Forces Health Professions Scholarship Program, I hereby authorize my university to release all information concerning my academic performance and/or enrollment status to the Navy Medicine Accessions Department, Bureau of Medicine and Surgery, if requested.

STUDENT SIGNATURE: _____ DATE: _____

School Registrar Information

NOTE: Please be precise when entering the below dates. An error could result in loss of pay and/or benefits for this student. Please do not include periods of orientation.

Exact beginning date of student's current academic year:	_____
	(MM/DD/YYYY)
Exact graduation date for this student:	_____
	(MM/DD/YYYY)
Is this student considered a state resident for tuition purposes?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Registrar Printed Name:	_____
Registrar Signature:	Date: _____
Phone:	Fax: _____
Email:	_____