NAVY HPSP - ACADEMIC YEAR STATEMENT (AYS)

In order to establish an exact benefit start date, and an exact benefit end date, we request the information below with the Registrar's endorsement. All information should be filled in. Please complete electronically or print clearly. If received without proper signatures, endorsement, or incomplete fields, tuition and/or benefit payments may be affected and it will be sent back to the student. Students who are prospective gains to HPSP should return this completed form to their local recruiter for inclusion in their packet. Students who are gained to HPSP should return this completed form to Navy Accessions.

Last, First, Middle	
Last Four of SSN	
E-mail Address	
Phone number	

Disclosure agreement: 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 enrollment status to the Navy Medicine Accessions Department, Bureau of Medicine and Surgery, if requested.

STUDENT SIGNATURE: _____ **DATE:** _____

Program: **Clinical Psychology**

The Navy HPSP will pay tuition ONLY for classes/semesters required for the designated professional degree. Optional summer semesters & classes required for **A SECOND DEGREE WILL NOT BE PAID FOR BY THE NAVY**

Registrar

Please be precise when entering the below dates. Please don't include periods of orientation. An error could result in loss of pay and/or benefits for this student.

School name:	
School address:	
Exact beginning date of student's current academic year:	
Anticipated date on which all pre-clinical academic requirements will be complete:	
Anticipated Degree Conferral Date	
Anticipated clinical internship start date:	
Is this student considered a state resident for tuition purposes?	YES ☐ NO ☐
Registrar Printed Name:	
Registrar Signature:	Date:
Phone:	Fax:
Email:	

REV 10/2020