

THE NEW MEXICO AHEC SCHOLARS PROGRAM

ELIGIBILITY VERIFICATION FORM

Directions to student applicant: Please have an administrative official (e.g., the Dean, Registrar, or a staff person in the Admissions Office) in the health profession program in which you are enrolled complete and sign this form, which should be submitted with your application. Please scan and attach the completed form to an email to NMAHECScholars@salud.unm.edu. In your message, include your name and "AHEC Scholars Program Application Form" in the subject line. (You can also send any questions you might have to this email address.)

As the _____ of _____ program, I attest that
Title Program Name

_____ is currently enrolled in the _____
Student Applicant Name Program Name

program as a _____ candidate and is in good academic standing. In January
Degree Type

2025, _____ will be in his/her _____ year in
the Student Applicant Name Year number (e.g., second, third, etc.)

program and is expected to graduate in _____ Month _____ of _____ Year _____.

Printed Name of Program Representative

Title

Signature of Program Representative

Date