

DUAL-DEGREE LEAVE OF ABSENCE (LOA) NOTIFICATION

The Dual-Degree Leave of Absence Notification form is to be used by students who have been accepted into a dual-degree program. This form should be completed for the period of time that the student will not enroll at the SSW in order to pursue the alternate degree. Applicants to any dual-degree program must apply separately to each program. Students must meet with the SSW dual-degree Faculty coordinator so that a plan of study is developed and approved. The Dual Degree Course Approval Form detailing approved coursework and the awarding of credits toward the MSW must also be submitted.

NAME _____

STUDENT ID _____

EMAIL _____

PHONE _____

ADDRESS _____

SEMESTER Fall _____(yr) Spring _____(yr)

DUAL-DEGREE PROGRAM:

- | | |
|--|---|
| <input type="checkbox"/> Jewish Communal Service/Jewish Studies - TU | <input type="checkbox"/> Juris Doctor – UMB |
| <input type="checkbox"/> Master of Business Administration – UMCP | <input type="checkbox"/> Master of Public Health – JHU |
| <input type="checkbox"/> Master of Public Health – UMB | <input type="checkbox"/> Master of Public Policy – UMCP |

Student Accounts and Financial Aid:

It is the responsibility of the student to contact both Student Accounting (410-706-2930) and the Office of Financial Aid (410-706-7347) to clear up any balances, and to find out how this leave will affect financial aid award(s).

Medical Insurance:

Students are covered by medical insurance through the semester for which they are registered, after which they are eligible for a conversion policy directly from CareFirst Blue Cross/ Blue Shield. Call 1-800-458-1981.

I have read the above and understand that it is my responsibility to address these issues prior to my leaving. Further, I understand that I should reassess the implications of all of these issues should I change my return plans.

Student Signature _____ Date _____

Submit the completed, signed form to the Office of Records and Registration in person, by fax or via e-mail.

(For Office Use Only): Effective Date: (Date Received by ORR, SSW): _____