

2019-20 DMD/MPH Tuition Aid Application

Name _____

PeopleSoft # _____

Fall 2019

Spring 2020

Summer 2020

Registration information:

Course #

Course Title

Please check the box that applies:

- I am not taking a leave of absence from the School of Dental Medicine this term.

I have requested, but not yet received, a leave of absence from the School of Dental Medicine (fill in dates below).

I have requested and received a leave of absence from the School of Dental Medicine (fill in dates below).

Dates of leave: From _____ to _____

If you are taking a leave of absence from the School of Dental Medicine, please read and check the following:

- I will not pay full-time tuition to the UCONN School of Dental Medicine during the leave period noted above.

I understand that this application pertains **ONLY** to TUITION charges for the above courses; I further understand that **I am responsible for all Graduate School fees** associated with enrollment in the above courses.

All DMD/MPH students, please read and check the following:

- I understand that I must remain in good academic standing as a dental and graduate student (which includes registering every semester) and that failure to complete the requirements of the dual DMD/MPH degree may result in repayment of all graduate program tuition aid that I receive.

If I am not registered for a course, I understand that I must register for **Continuous Registration**, to keep my active status in the Graduate School.

Signature _____

Date _____

Date Received _____

Disposition _____ Amount \$ _____

MPH Program Director: _____ Date _____

Notification to Bursar

Notification to School of Medicine