2021-22 MD/MPH Tuition Aid Application

Name_____   PeopleSoft #_____

☐ Fall 2021   ☐ Spring 2022   ☐ Summer 2022

Registration information:

Course #   **Course Title**

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Please check the box that applies:

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

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

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

Dates of leave: From _____ to _____

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

☐ I will not pay full-time tuition to the UCONN School of 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 MD/MPH students, please read and check the following:

☐ I understand that I must remain in good academic standing as a medical and graduate student (which includes registering every semester) and that failure to complete the requirements of the dual MD/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