

JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE  
OFFICE OF THE REGISTRAR  
733 North Broadway, Suite 147  
Baltimore, MD 21205-2196  
410-955-3080 / Fax 410-955-0826

GRADUATION CLEARANCE FORM

The following form should be completed and sent to the Registrar's Office at the time you complete degree requirements.

NAME \_\_\_\_\_  
(First Name) (Please Print) (Last Name)

POSTGRADUATE PLANS - (Include Position, Institution, and Preceptor if continuing training)

FORWARDING HOME ADDRESS: as of \_\_\_\_\_ : \_\_\_\_\_  
(Address to be used for graduation information) (date)

Please provide an email address that will be valid after you have completed your degree requirements:

\*December graduates – Your diploma will be mailed to you during the month of January. We will confirm your mailing address prior to sending the diploma and will not release your diploma until we have received a response from you.

**HEALTH and DENTAL INSURANCE INFORMATION:**

**Ph.D. (& TERMINAL MASTERS) CANDIDATES:** Student Health Insurance and Dental Insurance will continue through the end of the month in which degree requirements are completed.

**MD/PH.D CANDIDATES:** Health and dental insurance coverage will continue until completion of both degrees.

**MEDICAL ART CANDIDATES**

**For students completing standard 2 year Program:** Health and dental insurance continues through June 30 of second year.

**For students in Extended Program (beyond 2 years):** Health and dental insurance will continue through the month in which degree requirements are completed.

**MASTER OF SCIENCE – HEALTH SCIENCES INFORMATICS:** Student Health Insurance and Dental Insurance will continue through the end of the month in which degree requirements are completed.

**EXTENSION OF COVERAGE – HEALTH INSURANCE AND DENTAL INSURANCE**

If you wish to continue coverage in the health insurance program and/or the dental insurance program you can do so by contacting the Registrar's Office within 60 days of completing degree requirements. Coverage may be extended for a limited time under COBRA guidelines. Extension of coverage is on a self-pay basis at COBRA rates. Continuation of medical insurance plan does not include access to University Health Services.

**GRADUATES CONTINUING FOR FELLOWSHIP OR HOUSE STAFF POSITIONS**

Graduates accepted for fellowship or house staff positions at the School of Medicine will continue in the same Health Insurance Program and Dental Insurance Program. Please indicate below if you are being appointed to a JHUSOM fellowship or house staff position immediately following completion of degree requirements.

PROGRAM \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_

STATUS \_\_\_\_\_

Date

Graduate Student SIGNATURE