

School of Medicine Edward D. Miller Research Building, Suite 147 733 North Broadway Baltimore, MD 21205-2196 (410) 955-3080 / FAX (410) 955-0826

Office of the Dean Registrar

## **Graduation Clearance Form**

| The following form should be completed and                                  | sent to the Registrar's C                             | Office at the time you complete degree requirements.   |
|---|---|--|
| NAME (please print):  |   | First Name   |
| POSTGRADUATE PLANS: (Include position, ins                                  | titution, and preceptor                               | First Name if continuing training)   |
| DEMOGRAPHIC DATA Note: This information HOME ADDRESS: Effective Date:       |   | graduation materials to you.  PHONE NUMBER:  |
|   |   | PERSONAL/NON JHU EMAIL ADDRESS:  |
| •   | uates) or June (May grad                              | ration – Your diploma will be sent via first class mail to duates). We will confirm your mailing address prior to ved a response from you. |
| RETENTION OF JOHNS HOPKINS EMAIL ACCO                                       | DUNT:   |  |
| - · · · · · · · · · · · · · · · · · · ·                                     | e encouraged to do this r<br>your inbox will be unrec |  |
| BENEFITS:   |   |  |
| Please read the attached Benefits Information sta<br>and dental insurances. | tement that addresses b                               | ooth end of coverage and options for extending health  |
| My signature below confirms that I have received the "                      | Graduation Clearance Forr                             | n – Benefits Information Attachment."  |
| Graduate Student Signature  |   | te   |

### GRADUATION CLEARANCE FORM – BENEFITS INFORMATION ATTACHMENT

#### WHEN DO BENEFITS END?

**Ph.D. and Terminal Masters Candidates** are covered by the Student Health Program, University Health Services, and the student dental plan until the end of the calendar month in which their degree requirements are completed.

M.D. /Ph.D Candidates are covered by the Student Health Program, University Health Services, and the student dental plan until they complete both degrees.

#### Art As Applied to Medicine

- <u>Students enrolled in the 2 year Program</u> are covered by the Student Health Program, University Health Services, and the student dental plan until June 30 of second year.
- <u>Students enrolled in extended program (beyond 2 years)</u> are covered by the Student Health Program, University Health Services, and the student dental plan until the end of the calendar month in which their degree requirements are completed

**Health Sciences Informatics Masters of Science Candidates** are covered by the Student Health Program, University Health Services, and the student dental plan until the end of the calendar month in which their degree requirements are completed.

### CAN I KEEP ANY OF MY BENEFITS WHEN I LEAVE THE SCHOOL OF MEDICINE?

#### **COBRA**

You are eligible to continue medical insurance and/or dental insurance for a maximum period of 18 months from the date your student benefits terminate. To enroll in continuation coverage you must go to the Office of the Registrar to complete the COBRA enrollment forms and pay the premium for the first month. If you cannot go to the Registrar's Office in person, you can contact the benefits desk in the Office of the Registrar and ask for the COBRA enrollment forms to be mailed to you. COBRA enrollment forms must be completed and returned to the Office of the Registrar no later than 60 days from the date your student benefits terminated. Extension of coverage is on a self-pay basis at COBRA rates. Continuation of the medical insurance plan does not include access to University Health Services.

# GRADUATES CONTINUING IN FELLOWSHIP OR HOUSE STAFF POSITIONS AT JOHNS HOPKINS SCHOOL OF MEDICINE

Graduates accepted for fellowship or house staff positions at the School of Medicine will continue to be covered by the Student Health Program, University Health Services and the student dental plan.

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