TSD WORK STUDY ACADEMIC PROGRESS FORM
Training Services Division, Office of Human Resources

Workday #

EMPLOYEE INFORMATION

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)	Home Phone #:
EMPLOYEE HOME ADDRESS, CITY, STATE, ZIP	
ADMINISTRATION NAME AND MAILING ADDRESS (Spell out /No acronym)	Employee Title: Office Phone #:

COURSE, GRADE AND CREDIT INFORMATION

CHECK SEMESTER COMPLETED

☐ Spring ☐ Summer ☐ Fall ☐ Winter

Work Study Semester/Course Dates
Start Date:
End Date:

COURSE(S) # AND TITLE(S)	# OF CREDITS	GRADE COPY OF OFFICIAL PROOF OF GRADE(S) MUST BE ATTACHED AND HIGHLIGHTED
#1:		
#2:		
#3:		
#4:		

COURSE COMPLETION AND SUPPORTING DOCUMENTATION

PLEASE CHECK ALL THAT APPLY: List Date(s)

☐ Coursework Completion | [PROOF - Official course/grade transcript from learning institution]   _____

☐ Internship/Clinical Program Completion | [PROOF - Documentation from Learning Institution or Facility]   _____

☐ Graduate Program or Certificate Completion | [PROOF - Copy of Certificate/Diploma]   _____

☐ Withdrew from Program: ☐ Inadequate grade(s) ☐ Dropped Course [Explanation Letter Required]   _____

☐ Other _____   _____

PARTICIPATION STATUS

☐ **REQUEST FOR CONTINUATION** – NEXT SEMESTER
☐ **CONTINUING AT A LATER DATE** – WITHIN 1 YEAR
☐ **COMPLETED STUDY** - RETURNED TO FULL-TIME DUTY
☐ **WITHDREW** AND RETURNED TO FULL-TIME DUTY
☐ **RESIGNING FROM MDH** – COMPLETE TRANSFER FORM

START DATE

☐ ** NOTICE – PROVIDE ALL OUTSTANDING TIMESHEET COPIES OR REPORTS**
MUST ALL BE APPROVED/PAID AND CONTAIN IN/OUT TIMES; DATES; LEAVE CODES AND WORKTAG CODES

EMPLOYEE OFFICE APPROVALS

PRINT APPOINTING AUTHORITY NAME & TITLE	APPOINTING AUTHORITY SIGNATURE	DATE
PRINT SUPERVISOR NAME & TITLE	**SUPERVISOR SIGNATURE**	**DATE**
PRINT EMPLOYEE NAME & TITLE	**EMPLOYEE SIGNATURE**	**DATE**

+++++++++++++++++++++++++++ TRAINING SERVICES DIVISION ONLY +++++++++++++++++++++++++++

OBLIGATED SERVICE ACCRUED: **DATE:**

REVIEWER/TRAINING SERVICES DIVISION: SIGNATURE:	**201 W. Preston Street, Room 106 Baltimore, Maryland 21201**	**Phone Number 410-767-1605**

MDH 4380: Revised 7/2018

CHANGING Maryland for the Better