



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

Employee Title:

ADMINISTRATION NAME AND MAILING ADDRESS (Spell out /No acronym)

Office Phone #:

COURSE INFORMATION

CHECK ONE SEMESTER COMPLETED ONLY

☐ 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:

☐ Yes ☐ No

COMPLETED AND RETURNED TO FULL-TIME DUTY:

☐ Yes ☐ No

WITHDREW AND RETURNED TO FULL-TIME DUTY:

☐ Yes ☐ No

CONTINUING LATER DATE AND RETURNED TO DUTY:

☐ Yes ☐ No

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

+++++ TSD ONLY +++++

OBLIGATED SERVICE ACCRUED:

DATE:

APPROVER/TRAINING SERVICES DIVISION:

201 W. Preston Street, Room 106
Baltimore, Maryland 21201

Phone Number
410-767-1605

SIGNATURE: