HARVARD
School of Dental Medicine

HSDM Student Employment Eligibility Form

All students are prohibited from employment outside of the Harvard School of Dental Medicine Monday through Friday. Students who wish to seek formal contract employment outside of HSDM on weekends must request permission from their Program or Society Director as well as the Office of Research to ensure that they are in good professional, academic and clinical standing, and are satisfactorily meeting the timeline for research requirements.

Students must request eligibility for employment at the beginning of each term of their enrollment using this form. Students may not begin outside employment until they have submitted this form to the HSDM Registrar's Office. Initial eligibility applications will be accepted on a rolling basis but subsequent applications must be submitted by **November 30th for the Spring term** and **May 31st for the Summer/Fall term**.

Failure to comply with this policy may result in dismissal from the School of Dental Medicine. In addition, certain programs may occasionally have mandatory courses or events which meet on weekends, and attendance at these courses is required.

Student Name on Record_____
                                                    Last   First

Degree Program _____ **Expected Grad Date**_____

Specialty_____ **HUID**_____

Specifics of your proposed employment

Form of Employment_____Employer_____

Employment Dates _____Location _____

Work schedule and hours _____

_____

Please return the completed and signed form to your program director. Note that you must submit this form at the beginning of each term of enrollment. Requests for employment by students who are not in good academic or clinical standing must submit their request for employment to their Program Director two weeks prior to the fall and spring promotions meeting. Please consult with your Program Director for more information.

Program Director Name_____

Signature_____ Date_____

Research Mentor Name_____

Signature_____ Date_____

Research Office Representative Name_____

Signature_____ Date_____

After collecting the necessary signatures, please submit this form to registrar_services@hsdm.harvard.edu with a cc: to your Program Director.