

## 5 Year MD Program Plan

## Harvard Medical School

Full Name	Society	Date
Address		Society Advisor
Telephone		Original Class
Current expected Date of graduation	New proposed graduation date	

**Description of enrichment plan (Attach separate proposal if necessary)**

**Required research information (if applicable)**

Location of research or international experience	Funding source
Dates of Experience	Supervisor
Supervisor's Address information	

**Please detail on a month to month basis your proposed plan through your final year. (Research, Clinical, Int'l or unscheduled)**

	Academic Year /	Academic Year /	Academic Year /
October			
November			
December			
January			
February			
March			
April			
May			
June			
July			
August			
September			

**Approval Signatures:**

CAS Action ☐ Approved ☐ Not Approved

Date: \_\_\_\_\_

Society Research Fellow (if applicable)	Date	International Fellow (if applicable)	Date
Society Advisor	Date	Student's signature	Date