Fifth 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

Start and end dates of experience | Supervisor

How many months of full-time funding are you requesting from OSE? (up to 12 months)

Please detail on a month-to-month basis your proposed plan through your final year with your Society Advisor (e.g. research, clinical, international, courses, or unscheduled).

Month	Academic Year (e.g. 2024/2025) /	Academic Year /	Academic Year /
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Signatures:

Society Advisor | Date | Student's signature | Date

Send the completed signed form to registrar@hms.harvard.edu.

If you are seeking OSE funding for your 5th year, visit https://meded.hms.harvard.edu/5th-year-funding for further instructions.