UCSF

REQUEST FOR EXTENDED PROGRAM

Student Name: _____ **Current Year in Program:** _____

Contact address, phone, and email during extended program (update with the Registrar as well):

_____

Address   Phone   Email

ADDITIONAL FORMS REQUIRED BEFORE LEAVE (This section to be checked by SET Advisor)
□ UCSF Leave of Absence Petition – to be filled out online via the Student Portal
□ Voluntary UC SHIP Enrollment Form *or* Scholars and Researchers Health Plan Application (Download from SMHW website if applicable)
□ Return Plan (provided by SET if applicable)
□ Disability Insurance Application (provided by SET if applicable)
□ Other:
ADDITIONAL FORMS REQUIRED BEFORE RETURN (This section to be checked by SET Advisor)
□ Physician Attestation Form (provided by SET if applicable) – Should be submitted between 4-6 weeks prior to the start date of the term in which you will return
□ Other:

1. **PURPOSE OF EXTENDED PROGRAM (check one):**

   □ **Degree Program**   □ **International Program**   □ **Research**   □ **Health**   □ **Personal**   □ **Other**

   Description: Provide details about the reason for your leave: <u>Degree Program</u> - Program, Institution, and Dates; <u>Research</u> – A brief description of your project (plans and goals), PI name, dates, research sponsor and/or program name.

2. **ENROLLMENT INFORMATION**

Official Last Date of Attendance:	Last Quarter/Year Enrolled before LOA:
Expected Quarter/Year of Return to Curriculum:	New Expected Graduation Quarter/Year:

List the quarters of – and following – your extension, through graduation. For each term, indicate your program participation. Students with **enrolled** status do **not** need to complete a Withdrawal Petition.

Term/Year	Program and SOM Enrollment Status MD, UCB MPH = "Enrolled" MD/MAS, ATCR, other MPH, other leave = "LOA"		Term/Year	Program and SOM Enrollment Status MD, UCB MPH = "Enrolled" MD/MAS, ATCR, other MPH, other leave = "LOA"

3. **READ EACH SECTION, INITIAL TO ATTEST TO/CONFIRM YOUR UNDERSTANDING, AND PROVIDE INFORMATION AS REQUESTED:**

Student Housing: Students taking an official leave of absence lose eligibility for student housing. If you live in student housing and go on leave or withdraw from the university, your contract may be terminated 30 days from the Registrar's receipt of your withdrawal/leave of absence form. Please discuss your plans with student housing immediately at housing@ucsf.edu or 514-4550 or visit them in the Housing office.

Initial here to confirm: _____

Health Insurance: Visit SMHW End of Coverage: Insurance Options page to learn about your options for coverage during your extended program. **Describe the arrangements you have made for health care as well as the beginning and ending dates of the health care coverage:** _____

Financial Aid: Students receive campus-supported funding (e.g., packages that include scholarships and university-based loans) from UCSF Student Financial Services for a total of four years. You can obtain federal loans for a fifth year, but must be enrolled at least half-time to qualify. Please meet with a Financial Services Specialist (415-476-4181) to discuss your plans and implications for future support.

Initial here to confirm: _____

Indicate how you plan to fund your extra year:	Amount (*if known)*
□ Self/family/friend support	$
□ Stipend or support from the School of Medicine	$
□ Loans (*e.g., Stafford, Graduate PLUS, etc.)* via the Financial Aid Office	$
□ Fellowship (name):	$
□ Other (specify):	$

CPX requirement: If CPX requirement has been satisfied, note "completed" and the date of the exam. If not, list the tentative month/year the exam will be scheduled: _____

USMLE exams: Visit UCSF USMLE Board Exams Policy webpage to learn about policies for taking USMLE exams. **List tentative month/year of remaining USMLE exam(s) (Step 1, Step 2CK):** _____

4. **TAKE THE FOLLOWING ACTIONS IN ORDER TO TRANSITION TO THE NEW GRADUATING CLASS:**

I certify I have:	Initial:
Updated my contact information and anticipated date of graduation in the Registrar's Student Portal	
Plan to meet with a SET Advisor 90 days prior to my return	

Student Signature: _____   **Date:** _____

Approval Signature: _____   **Date:** _____
SET Advisor

Approval Signature: _____   **Date:** _____
Associate Dean for Curriculum