


REQUEST FOR EXTENDED PROGRAM

Student Name: _____ Current Year in Program: _____

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

ADDITIONAL FORMS REQUIRED BEFORE LEAVE (This section to be checked by SET Advisor)
<input type="checkbox"/> UCSF Leave of Absence Petition – to be filled out online via the Student Portal: https://saa.ucsf.edu/studentportal/
<input type="checkbox"/> Voluntary UC SHIP Enrollment Form or Scholars and Researchers Health Plan Application (Download from SHCS website if applicable)
<input type="checkbox"/> Return Plan (provided by SET if applicable)
<input type="checkbox"/> Physician Attestation Form (provided by SET if applicable)
<input type="checkbox"/> Disability Insurance Application (provided by SET if applicable)
<input type="checkbox"/> Other:
ADDITIONAL FORMS REQUIRED BEFORE RETURN (This section to be checked by SET Advisor)
<input type="checkbox"/> Readmission Application (http://registrar.ucsf.edu/forms) – May be submitted at time of Withdrawal, but must be submitted 6 weeks prior to the start date of the term of your return
<input type="checkbox"/> 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
<input type="checkbox"/> Other:

1. PURPOSE OF EXTENDED PROGRAM (Circle one):

- Degree Program
 International Program
 Research
 Health
 Personal
 Other

Description: Provide details about the reason for your leave: Degree Program - Program, Institution, and Dates; Research – 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 <http://studenthealth.ucsf.edu/insurance/other> 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 Aid 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 Aid staff member (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)
<input type="checkbox"/> Self/family/friend support	\$
<input type="checkbox"/> Stipend or support from the School of Medicine	\$
<input type="checkbox"/> Loans (e.g., Stafford, Graduate PLUS, etc.) via the Financial Aid Office	\$
<input type="checkbox"/> Fellowship (name):	\$
<input type="checkbox"/> 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 <https://meded.ucsf.edu/policies-procedures/usmle-board-exams-during-medical-school> to learn about policies for taking USMLE exams. List tentative month/year of remaining USMLE exam(s) (Step 1, 2CK, 2CS): _____

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	
Self-enrolled to the listserv for the new class.	
Planned to meet with a MSE Advisor 90 days prior to my return.	

Student Signature: _____

Date: _____

Approval Signature: _____

Date: _____

SET Advisor

Approval Signature: _____

Date: _____

Associate Dean for Curriculum