

# 5 year MD Program Plan

# Harvard Medical School

FULL NAME	SOCIETY	DATE
FULL ADDRESS		ADVISOR
TELEPHONE	CLASS	ORIGINAL CLASS

Current expected graduation date: \_\_\_\_\_ Proposed graduation date: \_\_\_\_\_

**Outline of enrichment plan:** (specify dates/duration) (Attach separate page if necessary)

**Check all that apply:**

- Research (full year)   
  Research (less than a full year) Duration: \_\_\_\_\_   
  International experience(s)  
 Clinical Rotations   
  Research and Clinical Rotations   
  Other (specify) \_\_\_\_\_

**Please detail on a month to month basis your proposed plan through your final year. (Be specific)**

Academic year:	____/____	____/____	____/____
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			

Clinical Commons to be taken (indicate specific months/academic year): \_\_\_\_\_

Primary Care Clerkship to be taken (not required for HST) (indicate specific months/academic year): \_\_\_\_\_

**Information that must be supplied:**

LOCATION OF EXPERIENCE	FUNDING SOURCE
EXACT DATES OF EXPERIENCE	WORK STUDY ELIGIBLE
SUPERVISOR AND ADDRESS OF EXPERIENCE	
MAILING ADDRESS (if you will be away)	

**Signatures:**

**CSA Action:**  Approved     Not approved

RESEARCH FELLOW (if applicable)	DATE
INTERNATIONAL FELLOW (if applicable)	DATE
ASSOCIATE MASTER	DATE

DATE
NOTES