CLEARANCE TO BEGIN A DEGREE PROGRAM: Students considering completing a degree program after Year 2 or 3 must obtain clearance from their Faculty Advisor in Student Affairs before departure.

Students must complete the sign-out form below requiring the signatures of a number of offices indicating that there are no outstanding debts or other encumbrances to the student's record. When all the signatures are obtained, the student must return the form to Grace Oluoch in the Medical Student Research Office, Annenberg 12-18.

REQUIRED SIGNATURES:

- All students must obtain their Faculty Advisor’s signature, indicating that s/he approves of your plans:
  - Faculty Advisor

After this, please get signatures from the following offices:

- Financial Aid Office – Annenberg 12-70 Ph: (212) 241-5245
- Bursar – Annenberg 12-70 Ph: (212) 241-5245
- Levy library – Circulation Desk, Annenberg 11 Ph: (212) 241-7791
- Realty – 1249 Park Ave, 1st Floor Ph: (212) 410-0307
- International students must also obtain clearance from the International Personnel Office, Division of Human Resources

Final approval:

- Dr. Karen Zier - Annenberg 13-30 Ph: (212) 241-4429

SUBMITTING THIS FORM:

- All students must submit the following by May 15:
  - Request form (pgs. 3-4)
  - Academic Requirements form (pg. 5)
  - Source of funding form (pg. 6)
  - Letter of acceptance

STUDENT STATUS: Students who are completing a degree program are considered full-time students and maintain access to regular student resources at the Icahn School of Medicine at Mount Sinai.

INTERNATIONAL STUDENTS: International students must obtain clearance from the International Personnel Office, Division of Human Resources. For more information, go to: 320 East 94th Street, 5th Floor.

TUITION: There is a $100 administrative fee for students taking a year to participate in a degree program. Please contact Phillip Parke, Bursar, for questions: phillip.parke@mssm.edu.

FINANCIAL AID: Contact Dale Fuller for more information: dale.fuller@mssm.edu.

HOUSING: Students completing a degree program are eligible for housing. Contact Angela Moura at angela.moura@mssm.edu with any questions.

HEALTH INSURANCE: Health Insurance is required. Students attending another institution can remain with Icahn student health insurance or, if the student decides to accept other insurance, they must cancel Icahn health insurance within 30 days of start date (note: failure to do so will result in student being responsible for all fees). Students will be eligible to re-enroll at the beginning of the next academic cycle. For more information, contact Leonara Dasu: leonara.dasu@mssm.edu.

LIBRARY PRIVILEGES: Library privileges are available for students. Please go to the circulation desk in Levy library (Annenberg 11) for information and to get clearance for your leave.

Approval to do an outside degree program cannot be granted until all required paperwork has been submitted to Grace Oluoch in the Medical Student Research Office in Annenberg 12-18.
# DEGREE PROGRAM REQUEST FORM

## STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student Name (First, Middle Initial, Last)</th>
<th>Life Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forwarding Address (please also update directory on Blackboard)</td>
<td>City</td>
</tr>
<tr>
<td>Personal Email</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>ISMMS Program (please check one)</td>
<td>Current Class Year</td>
</tr>
<tr>
<td>□ MD</td>
<td></td>
</tr>
<tr>
<td>□ MD/PhD</td>
<td></td>
</tr>
<tr>
<td>□ MD/MSCR</td>
<td></td>
</tr>
<tr>
<td>□ MD/MPH</td>
<td></td>
</tr>
<tr>
<td>Requested Start Date</td>
<td>Anticipated Return Date</td>
</tr>
</tbody>
</table>

## DEGREE PROGRAM INFORMATION

<table>
<thead>
<tr>
<th>Institution Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution Address</td>
</tr>
<tr>
<td>Degree Type</td>
</tr>
</tbody>
</table>

## STUDENT AGREEMENT

I understand that if I begin an outside degree program without having obtained prior written approval that my status can automatically be converted to an administrative leave.

☐ I have read, understand and agree to the terms above

| Student Signature | Date |

## PLEASE OBTAIN CLEARANCE FROM THE DEPARTMENTS LISTED BELOW

<table>
<thead>
<tr>
<th>Student Affairs Faculty Advisor (print name and signature)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Aid: Dale Fuller (x4-5245)</td>
<td>Date</td>
</tr>
<tr>
<td>Annenberg 12-70</td>
<td></td>
</tr>
<tr>
<td>Bursar: Phillip Parke (x4-5245)</td>
<td>Date</td>
</tr>
<tr>
<td>Annenberg 12-70</td>
<td>$100 matriculation fee paid</td>
</tr>
<tr>
<td>Health Insurance: Leonara Dasu (x4-5245)</td>
<td>Date</td>
</tr>
<tr>
<td>Annenberg 12-70</td>
<td>Continuing on ISMMS Health Insurance</td>
</tr>
<tr>
<td>Other Health Insurance:</td>
<td></td>
</tr>
</tbody>
</table>
DEGREE PROGRAM REQUEST FORM CONT’D

CONT’D - PLEASE OBTAIN CLEARANCE FROM THE DEPARTMENTS LISTED BELOW

Levy Library: Circulation Desk
Annenberg 11

______________________________
Date

Real Estate: Angela Moura
1249 Park Avenue, 1st Floor

______________________________
Date

International Personnel Office, Division of Human Resources
320 East 94th St, 5th Floor
* For International Students Only

______________________________
Date

FINAL APPROVAL

The above named student has been approved for leave for the above dates

Comments (I.e. Step II CS extensions):

______________________________
Date

Dean/Program Director
Dr. Karen Zier, Associate Dean for Medical Student Research,
Director, Medical Student Research Office; or
Dr. Christina Wyatt, Associate Director, Medical Student Research Office


FOR OFFICE USE ONLY

☐ Student returned ISMMS ID
☐ N/A
☐ Notes:
ACADEMIC REQUIREMENTS

USMLE BOARD DATES
You must schedule and list the dates when you will take the Boards prior to approval of your time away. If you have already taken an USMLE exams, please enter the dates below:

Step 1 date (must be taken before the start of your degree program): __________________________
*if taking Scholarly Year after 2nd or 3rd year

Step 2ck date (must be taken before the start of your program): __________________________
*if taking Scholarly Year after 3rd year

Date must be scheduled before approval will be given

Step 2cs date (same date as your original entering class): __________________________

Date must be scheduled before approval will be given

I understand that it is my responsibility to notify the Registrar and Medical Student Research Office of any changes in Board Dates. Students who fail to do so:
• will automatically be placed on Administrative Leave of Absence
• this leave change will be permanently documented on the MSPE and transcript

While on Administrative Leave, you will not be able to earn academic credit for rotations, clerkships or electives. This also may impact your student privileges, including eligibility for housing and loan deferment.

☐ I agree to the terms above
☐ I do not agree to the terms above

REQUIREMENTS
Will you have completed all non-elective requirements for your class?

☐ Yes
☐ No

If not, which requirements remain?

SIGNATURE

Student’s Signature: __________________________ Date: __________________________
DEGREE PROGRAM SOURCE OF FUNDING FORM

FUNDING

You are required to have a source of support to finance costs associated with a degree program. If another individual (parent, spouse, etc.) assumes responsibilities for your support, s/he must sign this form as well.

*Please have the guarantor’s signature notarized*

Source of Funding: __________________________________________
(name of sponsoring agency or guarantor)

Amount of Funding: _________________________________________
(amount required for all students – total guarantor, loans and/or scholarships)

* Please attach your financial aid award letter along with your letter of acceptance.

OR

If another individual (parent, spouse, etc.) assumes responsibilities for your support, s/he must sign this form and you must get it notarized.

Guarantor Name (print): __________________________  Relationship to Student: _______________________

Amount of Funding: _________________________________________
(required)

Guarantor Signature: _________________________________________   Date: _________________
(the guarantor’s signature must be witnessed and notarized by a Notary Public)