

**YALE UNIVERSITY SCHOOL OF MEDICINE**  
**CHANGE OF STATUS FORM FOR EXTENDED STUDY**

NAME: _____		
(Last)	(First)	(Middle)
BIRTHDATE: _____		DATE OF REQUEST: _____
ADDRESS: _____		
(Street)	(Apartment #)	
_____		
(City)	(State)	(Zip Code)
TELEPHONE: _____		
(Day)		(Evening)
EXTENDED STUDY DATES: From _____ To _____ (Enrollment Dates)		

Activity during Extended Study: \_\_\_\_\_

<b>If planning research, have you applied/or will be applying to the Office of Student Research for:</b>						
- A One Year Fellowship	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	POSSIBLY
- Short Term Funding	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	POSSIBLY
RESEARCH ADVISOR: _____			DEPARTMENT: _____			
<small>(Required to fill in)</small>						
CAMPUS ADDRESS: _____			LAB NUMBER: _____			

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Academic Advisor's Signature

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*~Office use only~*

**INFORMATION CHANGE**

Change Graduation Date to: \_\_\_\_\_ Class Year/Status: \_\_\_\_\_

Joint Degree Program at Yale or Dual Degree Program Away: \_\_\_\_\_