

YALE UNIVERSITY SCHOOL OF MEDICINE EXTENDED STUDY TUITION SPECIFICATION FORM

NAME _____ DOB _____

DATE OF REQUEST _____ NEW ANTICIPATED GRADUATION DATE _____

ACTIVITY DURING EXTENDED STUDY

<input type="checkbox"/> Fully Funded Year (Research) <input type="checkbox"/> Flexible Fifth Year (Clinical/Research combination) <input type="checkbox"/> Other _____	<input type="checkbox"/> Joint Degree at Yale (circle one) <ul style="list-style-type: none"> ▪ M.H.S. ▪ J.D. ▪ M.B.A. ▪ M.Div. ▪ M.P.H. or Dr.P.H. ▪ Ph.D. 	<input type="checkbox"/> Additional Degree at another Institution Name of Institution _____ Specify Degree _____
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EXTENDED STUDY DATES: 06/19/2017 TO 06/15/2018 (ENROLLMENT PERIODS)

I would like to have my tuition billed as follows: (Check one)

- 1. Full Tuition for Four Consecutive Years**
 I will pay full tuition in my 5th year (fourth chronological year) and a registration fee in my 4th year (fifth chronological year). Health insurance will be billed at the student rate by Yale Health).
- 2. Split Tuition**
 I will pay split tuition in my 5th and 4th year. I will pay one-half of the current rate of tuition and one-half of the current rate of the registration fee per semester over a two year period. (Health insurance will be billed at the student rate by Yale Health.)
- 3. Joint Degree Program at Yale** (excluding MD/MHS students)
 I will be enrolled in a Joint Degree Program at another Yale professional school and will pay the required tuition of the other school. I will pay full tuition to Yale School of Medicine in the next academic/final year. (MD/MBA & MD/JD students only pay tuition in the fall term to the medical school in the final year. (Health insurance will be billed at the student rate by Yale Health at the other school. Financial aid is arranged through the other school.)
- 4. Dual Degree Program at an Away Institution**
 I will be enrolled in a Dual Degree Program at an away institution and will pay the required tuition of the away school and pay the registration fee in each semester to Yale School of Medicine. I will pay full tuition to the medical school in the next academic/final year. (Health insurance will be billed at the student rate by Yale Health. Students have the option to waive Yale Health to obtain full coverage from the away institution. Financial aid must be arranged through the away institution).

Full tuition, split tuition or the registration fee are billed in the Fall and Spring Semesters.

Student's Signature: _____

Date: _____