

**Drexel University College of Medicine**  
**Educational Development & Growth Experience (EDGE) Leave of Absence Application**  
**Deadline to apply: April 15, 2026**

Student Name: \_\_\_\_\_ Drexel Email: \_\_\_\_\_

Student Cell Phone Number: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

***Examples of acceptable EDGE Leave of Absence programs:***

- National Institutes of Health Research Fellowship*
- Fulbright Scholarship*
- Formal Research Fellowship*
- Focused Research Experience*

**Dates of Proposed EDGE Experience (Minimum 9 months and Maximum 12 months):**

Start Date (latest start date: August 15, 2026): \_\_\_\_\_

End Date: \_\_\_\_\_

**If you are participating in a formal research program/fellowship:**

1. Please provide the name of the Research program and attach your acceptance letter:

\_\_\_\_\_

2. Please list the Research program's website if applicable or attach documentation from the Research program outlining the program description:

\_\_\_\_\_

3. Is this a funded research experience? Yes\_\_\_\_ No\_\_\_\_

**If the EDGE year research experience you wish to participate in does not have a formal program or website, please complete the following:**

**1. Describe your proposed research experience:**

- Your overall goals for the research year
  - (i.e., what do you want out of an EDGE experience)
- Detailed description of the research project(s) including:
  - Background/rationale for this research
  - Objectives of the research project(s)
  - Description of the project(s)
  - References: *Important: Any literature or outside sources you use must be cited in the text where referenced and listed in a properly formatted reference list.*
- Is this a funded research experience? Yes\_\_\_\_ No\_\_\_\_

2. **Mentor Approval Letter:** Please have your mentor submit a letter on their letterhead which includes the following:

- Documentation that they have contributed to and reviewed the your written proposal
- Outline of the roles and responsibilities of the student
- The mentor's role and level of involvement in the student's research
- The plan for feedback to the student on their ongoing research

**Please note:** EDGE year applications are not automatically accepted; a poorly defined EDGE year and/or insufficient information in your proposal may result in a declined application or a request for re-submission.

**Please acknowledge the following by checking the boxes and signing below.**

I understand that if this EDGE Program proposal is approved:

- I must complete the appropriate College of Medicine Leave of Absence Form with the staff in the Office of Student Affairs so that my status is changed for the EDGE experience.
- I must submit a Written Summary Report at the conclusion of my EDGE year.
- I understand that I do not qualify for Student Health Insurance through the College of Medicine (beyond the policy period I already paid for, if applicable).
- I am not responsible for any Drexel University tuition or fees and will not be billed for tuition or fees.
- I do not qualify for Financial Aid through the College of Medicine.
- It is strongly recommended that I meet with Mike Clancy, Executive Director of Financial Planning, to review medical school financing given my plan to take an EDGE Leave of Absence.
- I am not covered by the College of Medicine malpractice or liability insurance policies during my EDGE year.
- I may not apply for academic credit towards graduation for any clinical work or research conducted during this experience.
- I must sit for Step 2 CK no later than 60 days following the completion of my final Year 3 clerkship.
- I must sign up for my new graduating class email listserv so I am aware of 4<sup>th</sup> year planning information.
- If I alter the start or end dates of my EDGE program, I will submit an updated and re-signed EDGE form, signed both by me and the EDGE Faculty Advisor.
- I must contact the Office of Student Affairs to plan for my return no later than three months prior to my return to College of Medicine coursework; I must return my signed re-entry form in a timely manner so my registration can be changed back to being an actively enrolled student.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**EDGE Faculty Advisor/Mentor Information**

Name: \_\_\_\_\_

Institution/Department: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- I approve of the above Project and will provide oversight and supervision.**

Signature of EDGE Faculty Advisor or Mentor: \_\_\_\_\_

Date: \_\_\_\_\_