**Flex Week Proposal: 2025/26 AY**

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| --- | --- | --- |
| **Title** |  | |
| **Experience Category**  **[bold your category]** | Clinical shadowing  Research Related  Community Service | Professional Enrichment Courses (PECs)  Professional Development  Wellness |
| Other: | |
| **Goal** |  | |
| **Brief Description** |  | |
| **Faculty Organizer Name and Email** |  | |
| **Administrator Name and Email** |  | |
| **Department** |  | |
| **Location** |  | |
| **Where to Report First Day** |  | |
| **Maximum # of students** (Course capacity) |  | |
| **Minimum # of students** |  | |

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| --- | --- | --- | --- |
| **MS1 (Class of 2029)** | | | |
| **Week** | **Start Date** | **End Date** | **Available? YES/NO** |
| 5 | TUE 9/2/2025 | 9/5/2025 |  |
| 12 | TUE 10/21/2025 | 10/24/2025 |  |
| 27 | 2/2/2026 | 2/6/2026 |  |
| 31 | 3/2/2026 | 3/6/2026 |  |
| **MS2 (Class of 2028)** | | | |
| **Week** | **Start Date** | **End Date** | **Available? YES/NO** |
| 59 | 9/15/25 | 9/19/25 |  |
| 69 | 11/24/2025 | 11/26/2025 |  |

**Weekly Schedule (5 hours/day with 2 hours synchronous activity; Avg. 25 hours per week). Note that PEC schedule guidance may differ. Unlike PEC’s, students will not receive grades/certificates for flex week completion.**

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| --- | --- | --- | --- | --- | --- |
|  | **MON** | **TUE** | **WED** | **THU** | **FRI** |
| **AM** |  |  |  |  |  |
| **PM** |  |  |  |  |  |

Please be as descriptive as possible as schedule will be made available to students

|  |  |
| --- | --- |
| **Schedule splitting: [bold your choice]**  **Is it possible for students to take SOME of the weekly schedule (e.g., just mornings or just a few half-days), or do you prefer that student take in its entirety?** | Partial OK  FULL Required |
| **If partial allowed, please designate which parts of schedule this would impact:** | |

|  |  |
| --- | --- |
| **Does this experience involve multiple sites: [bold your choice]** | YES  NO |
| **If YES, specify/list a PRIMARY contact person who will have responsibility for students at EACH SITE. (Include site name, contact name, email, and phone number)** | |

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| --- | --- |
| **Trigger Warning: [bold your choice]**  **Does experience involve potential to trigger strong emotions or reactions?** For example, addresses sensitive topics, involves experiences that may be upsetting, family members/friends or personal experience with similar conditions or situations. | YES  NO |
| **If YES, write a trigger warning appropriate to the experience below** | |