



Resident Elective Form

Resident Name: _____

Faculty Sponsor: _____

Project Name: _____

Please provide a brief description of your scholarly project:

Please provide a plan/goal of what you hope to accomplish with your project during your elective block:

Signature

Date

Faculty Sponsor:

I agree to supervise this resident during their elective block while they undertake a scholarly activity. I will meet with them regularly while the project is active and will provide them with mentorship. I agree with the project description as written above, and agree with the goals for the elective block.

Signature

Date