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| **Residents’ Research Month Elective Application 2014-2015** Form1 is due 3 months prior to your research month. Form is signed by your faculty supervisor and submitted to Wendy Cannon (Rm 2D13 or wcannon@cw.bc.ca) for approval by Dr. Collet & Dr. Sauve. Form 2 (Research Month Summary Report) is due 30 days after research month rotation. **\* Form 1 & Form 2 are required to receive credit for completing your research rotation.**  |
| **Name of Resident:** | **Year:** 1  2  3  x 4  |
| **Date of Application:** | **Month Requested:** |
| **Research Title:** |
| **Faculty Supervisor:** | **Division:** |
| **Faculty Supervisor Signature:**  | **Supervisor’s E-mail:** |

**Goals and Objectives for my Research Month** (Describe the details of what you will do)

**1.**

**2.**

**3.**

**Reviewed by Pediatrics Research Director: Dr. Jean-Paul Collet**

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

Comments/ Suggestions:

**Reviewed by Residency Program Director: Dr. Laura Sauve**

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

Comments/ Suggestions: