



RESIDENT ELECTIVE APPLICATION
Department of Dermatology & Skin Science

Resident Name: _____

Proposed Elective: _____

Dates of Elective: _____

Location of Elective: _____

Elective Supervisor(s): _____

| |
|---|
| <p>Elective Rotation Objectives (these will form the basis for the elective final evaluation):</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>Attach more on separate sheet if necessary.</p> |
|---|

| | |
|---|--------------------|
| Elective Supervisor Authorization | |
| I hereby agree to directly supervise the resident according to the above listed objectives. | |
| _____ | _____ |
| <i>Elective Supervisor</i> | <i>Title</i> |
| | _____ |
| | <i>Institution</i> |

UBC Resident Program Director

Approval of Request: _____ Approved _____ Not Approved

Comments: _____
