Resident Name: ______________________________________________________________

Proposed Elective: ___________________________________________________________

Dates of Elective: ___________________________________________________________________

Location of Elective: ___________________________________________________________

Elective Supervisor(s): ___________________________________________________________

Elective Rotation Objectives (these will form the basis for the elective final evaluation):
1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________

Attach more on separate sheet if necessary.

Elective Supervisor Authorization
I hereby agree to directly supervise the resident according to the above listed objectives.

________________________________                        ________________________________
Elective Supervisor                                                                       Title

________________________________
Institution

UBC Resident Program Director

Approval of Request:         __________ Approved            __________ Not Approved

Comments:________________________________________________________________________
__________________________________________________________________________________