This form must be submitted to the Residency Office, M-987, at least three months prior to the start date of the rotation. **Please note that residents are allowed a max of 3 months of non-internal medicine time (research) during their 3 years of residency.** The TICR course (formerly known as Oracle) is considered research months which are counted toward the 3 month maximum.

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**Resident:** ___________________________  **Level:** __________________

**Proposed Activity:** ________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

**Proposed month(s) of experience:** ________________________________________________

**Proposed vacation during experience:** ___________________  **Total number of weeks:** __________

**(Dates)**

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**FUNDING:**

**Off-site** Experience, Non UC-Salary Support: __________________________ (Please describe)

**On-site** Non-Standard **“Clinical”** Elective (Designer):

- Number of months funded by hospital: _______  **Which Site:** ______

**On-site** **Research Only** “Non-Clinical” Elective:

- Number of months funded by hospital: _______  **Which Site:** ______

- Number of months funded by sponsor: __________

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**EDUCATIONAL OBJECTIVES:**

The educational goals of this rotation are:

1. ________________________________________________________________

2. ________________________________________________________________

3. ________________________________________________________________

4. ________________________________________________________________

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**EDUCATIONAL METHODS:** (Brief outline how your time will be structured, and how you will obtain the educational objectives, e.g. specific assigned readings, conferences, supervised clinical or research experience.)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
(Educational Methods continued)

(Attach additional pages if necessary)

OUTCOME OR PRODUCT (must be completed by the end of the academic year):

- Noon presentation to Housestaff
- Poster required at Department Research Symposium in May. Please initial that you understand poster requirement ______
- Other formal presentation of research
  Describe: _______________________________________________________________
- Written material
  Describe: _______________________________________________________________
- Manuscript suitable for publication

Faculty Sponsor: ________________________________ (please print)

As the faculty sponsor for the elective, I agree to supervise the above resident, and ensure that the resident:
A.) meets the educational goals as described above,
B.) completes his/her outcome of experience,
C.) is formally evaluated by me.

____________________________________
Signature

Program Director Approval:

I have reviewed the above and I fully support and approve the resident’s proposed elective experience.

____________________________________
Signature

Return completed form (along with any other descriptions of your plans) to the Residency Office (Room M987) at least three months prior to the start of your rotation.