

Independent Research Rotation Planning Form

Resident Name: _____

Proposed faculty supervisor: _____

Proposed rotation dates: _____

Summary of proposed project(s) you will work on during this rotation:

By signing below, you agree to provide a summary report of your research rotation and what was accomplished to the faculty supervisor and program director on the final day of the rotation.

Resident Signature Date

Faculty supervisor Signature Date

Program Director Approval:
 Approved Not Approved, see comments below

Program Director Signature Date
