



AT THE FOREFRONT

**UChicago
Medicine**

Internal Medicine Residency Program

5841 S. Maryland Ave, MC 7082
Chicago, IL 60637

Tel | 773-702-1447 • Fax | 773-834-0464

RESIDENT ELECTIVE REQUEST FORM

Resident Name:

Dates of Elective:

Faculty Preceptor:

Faculty Preceptor Email Address:

Description of proposed elective:

Goals of proposed elective:

Resident Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Chief Resident or Program Director Signature: _____

Date: _____