



Elective Preliminary Request Form

THANK YOU FOR YOUR INTEREST IN A GI ELECTIVE AT THE UNIVERISTY OF TORONTO. PLEASE SUBMIT THE REQUEST FORM TO THE PROGRAM COORDINATOR AT: programs.gin@utoronto.ca. IF YOU ARE ELIGIBLE, AND THERE IS AVAILABILITY FOR THE DATES YOU REQUEST, YOU WILL BE CONTACTED BY EMAIL WITH THE PGME REGISTRATION REQUIREMENTS.

CONTACT INFORMATION

FIRST NAME

LAST NAME

STREET ADDRESS

STREET ADDRESS LINE #2

CITY

PROV/STATE

POSTAL CODE

PHONE NUMBER

EMAIL ADDRESS

ARE YOU A CANADIAN CITIZEN/PR?

TRAINING LEVEL

TRAINING LEVEL ON ELECTIVE

IF NO, NATIONALITY:

HOME SCHOOL

PROGRAM

PREFERRED START DATE

yyyy.mm.dd

PREFERRED END DATE

yyyy.mm.dd

ARE YOUR DATES FLEXIBLE?

YES

NO

ALT START DATE

yyyy.mm.dd

ALT END DATE

yyyy.mm.dd

ELECTIVES ARE ASSIGNED BASED ON SITE AVAILABILITY. PLEASE PROVIDE A BRIEF STATEMENT OF INTEREST. RESIDENTS ARE ASSIGNED TO THE BEST AVAILABLE SITE FOR INDIVIDUAL CAREER INTERESTS AND GOALS.

ADDITIONAL NOTES:

QUESTIONS? PLEASE CONTACT THE PROGRAM COORDINATOR AT: programs.gin@utoronto.ca.