

Dalhousie University Family Medicine PGY2 Resident
Project Final Approval (Form IV)

Resident: _____

Title of Resident Project:

As the Project Supervisor, I have reviewed and approved *the final draft copy* of the resident project.

Name Project Supervisor: _____

Signature of Project Supervisor: _____

Date: _____

Comments:

Please send a signed copy of this form to the Project Coordinator no later than the **1st Monday in January** with a copy of your completed draft project.