

# MD with Recognition Program

To be completed by sponsor(s) at completion of project (4<sup>th</sup> Year).

**This is to certify that \_\_\_\_\_ (please print or type name of student) has been supervised by me (us) and has satisfactorily completed all aspects of her/his project. I understand that an aggregate time requirement of six months\* must be met.**

**Grade (H=Honors, P=Pass, F=Fail) \_\_\_\_\_**

**Name \_\_\_\_\_ Date: \_\_\_\_\_**

**Signature \_\_\_\_\_**

**Name \_\_\_\_\_ Date: \_\_\_\_\_**  
(if a second advisor)

**Signature \_\_\_\_\_**

**\*This is usually met by full time work: two months in the summer between first and second years and four months in the fourth year but in special circumstances, particularly for those in the Arts and Humanities, other arrangements are acceptable, e.g. nights and weekends. Time must not be claimed doubly, e.g. you cannot claim weekend time on call for a subinternship or while on another elective.**

***This form must be returned, completed, to Ms. Stephanie Davis in the Office of Medical Education at the conclusion of your research and not later than April 1<sup>st</sup> of your 4th year.***