

Name

E-mail

Mailing Address

Current University

Expected Completion Date of Family Medicine Residency

I am applying to an Urban Program

- Care of the Elderly
- Obstetrics & Women's Health
- Palliative Care
- Sports and Exercise Medicine
- Urban Self-Designed Program

I am applying to a Rural Program

- Anesthesia
 - Obstetrics & Women's Health
 - Self-Designed Preparation for Rural Practice
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Your application should include

- application form
- CV
- letter of intent

SUBMIT

Letters of Support:

- * A letter of support from your Program Director which speaks to your academic performance and professionalism
- * Two letters of support from referees who can speak to your professionalism and interpersonal skills

Please have these letters emailed to:
fmpgy3@mcmaster.ca