

## Request for Waiver of Training

To be completed by the Program Director and submitted to the PGME Dean ([pgmedean@mcmaster.ca](mailto:pgmedean@mcmaster.ca))

Resident's Full Name:

Program Name:

Training Level:

Type of Training Program:

Dates of leave(s) from the program:

Current Completion date:

New Proposed Completion Date:

**Please provide a description of the circumstances surrounding the request and why the waiver is being supported. We have provided a template below, please edit and add additional information as required.**

I, \_\_\_\_\_, verify the Resident has successfully completed all  
*Program Director*  
training requirements of the program.

\_\_\_\_\_  
*Program Director Signature*

\_\_\_\_\_  
*Date*

Approved by the Associate Dean, PGME McMaster University

\_\_\_\_\_  
*Associate Dean Signature*

\_\_\_\_\_  
*Date*