Department of Medicine

**Internal Medicine Residency**

**Request for Scholarly Leave**

Please fill out and submit this form to Dena Dowhaniuk (dowhaniu@ohsu.edu). In addition, please include the following:

1. Your research abstract
2. A copy of the official abstract acceptance
3. A meeting brochure

**Name:** Click here to enter text.

**E-mail Address:** Click here to enter text.

**Street Address:** Click here to enter text.

**City:** Click here to enter text.

**State:** Click here to enter text.

**ZIP Code:** Click here to enter text.

**Meeting Name:** Click here to enter text.

**Meeting Location:** Click here to enter text.

**Presentation Date:** Click here to enter a date.

**Faculty Mentor:** Click here to enter text.

**Additional Comments:** Click here to enter text.