<Date>

Dr. Lois Champion, MD, FRCP(C)

Associate Dean Postgraduate Medical Education

Schulich School of Medicine & Dentistry

Western University

Health Sciences Addition Building, Room HSA H124

London, Ontario, N6A 5C1

Dear Dr. Champion,

I am writing to you as the program director for the <Program> Residency, a <time frame> subspecialty residency program at Western University.

Dr. <Name> is a PGYX resident in the <Program Name> Training Program at Western University. During his/her PGYX year, Dr. <Name> took a <Leave type>; therefore, putting him/her off-cycle by XX days. The leave dates were XXX to XXXX.

The program is requesting that his/her end of training be adjusted from <original end of training date> to <requested end of training date>. Dr. <Name> will have met all specialty training requirements of the Royal College and all the program’s educational requirements and the Program Director is satisfied that the resident will have achieved the required level of competence by the end date of the training.

Thank you for your consideration of this request.

Regards,

<Program Director Signature & Contact Information>