



Department of Orthopaedic Surgery Resident Research Mentoring Agreement

Resident Name: _____

Project Title: _____

Mentor Name: _____

As a faculty member at Washington University, I agree to mentor the above resident for their thesis project. I understand that this will require additional dedicated time away from clinical duties and will require attendance at the resident's initial research presentation meeting (PGY 2 Year) as well as attendance at their final research presentation meeting (PGY 4 Year). I have sufficient resources and capacity to support the proposed project even if additional outside funding is not awarded.

Mentor Signature: _____