

**LSUHSC Diagnostic Radiology
R3/R4 Research Day Request Form**

Date: _____

Resident Name: _____

Resident Year: R3 R4

Please describe your current ongoing research projects and/or research projects that will begin during your R3/R4 year:

Please provide any other relevant details for your R3/R4 Research Day request:

Research Day Approved:

Research Day Denied:

Program Director Signature: _____