

**American College of Osteopathic Surgeons**

**Urological Discipline  
Request for Book Stipend**

**Name of Resident:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**OGME Training Year:**

**Name of Program Director:** \_\_\_\_\_

**Training Institution:** \_\_\_\_\_

**Resident Signature** \_\_\_\_\_

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

**Program Director's Signature** \_\_\_\_\_

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

Urology book receipts must accompany request