

NEURO-ONCOLOGY FELLOWSHIP MATCH
FELLOWSHIP CANDIDATE REQUEST FOR A WAIVER

Fellowship Candidates in the Neuro-Oncology Fellowship Match (NOFM) are expected and obligated to accept the position within a Fellowship Program to which they are matched. **Failure by the Fellowship Candidate to honor this commitment may subject the Fellowship Candidate to sanctions, pursuant to the NOFM Participation Agreement.**

In limited circumstances, however, the NOFM Committee may authorize a waiver of the Fellowship Candidate’s obligations to this commitment if fulfilling the commitment would cause undue personal hardship or if there has been a significant change in the Fellowship Program. Neither the Fellowship Candidate nor the Fellowship Program has the authority to release the other from the obligations of a Match. Rather, **the authority to grant a Waiver of the binding commitment of a Match lies within the sole discretion of the NOFM Committee, whose decision on whether a request for a Waiver should be granted is final.**

Fellowship Candidates are encouraged to review the NOFM Participation Agreement prior to requesting a Waiver from a Match.

Fellowship Candidate Information

Fellowship Candidate Name: _____

Fellowship Candidate Address: _____

Fellowship Candidate Phone: _____

Fellowship Candidate Email Address: _____

Fellowship Program Information

Fellowship Program Name: _____

Fellowship Program Director: _____

Reason for Waiver Request

- Check here if the waiver is requested for “undue personal hardship”
- Check here if the waiver is for a “significant change in the Fellowship Program.”

Please explain all of the reasons why you believe a Waiver ought to be granted. Please be as specific as possible about the reasons for the Waiver request and feel free to use additional pages and/or attach documentation to support your request. It is important that the Match Committee has all of the information you believe is important to your request.

Please explain what alternate plans you have, if any, in the event your request for Waiver is granted:

IN SIGNING THIS WAIVER I ACKNOWLEDGE AND REPRESENT THAT the above information is true and accurate to the best of my knowledge, and that I have read the SSFM Participation Agreement and understand that failure to honor a Match will subject me to sanctions, in the event that the Waiver is not granted.

Signed: _____ Date: _____

Submit Request for a Wavier (along with any questions regarding this request) to:

Neuro-Oncology Fellowship Match Committee
Society for Neuro-Oncology
Attn: Linda Greer
PO Box 273296
Houston, TX 77277-3296 USA
linda@soc-neuro-onc.org