

**Supplemental Information Sheet**  
University of Hawaii – Ob/Gyn Residency  
2020-2021 ERAS Season

Email your filled Info Sheet to:  
[UHawaiiOBGYN@yahoo.com](mailto:UHawaiiOBGYN@yahoo.com)

The below is not required, but may provide helpful information as our program reviews applications **[One or two sentence answer, please]**

Name as submitted on ERAS:

Medical School:

Why are you interested in our University of Hawaii program?

What are your plans after residency? (e.g. fellowship, Rural practice, etc)