

**University of Michigan  
Pediatric Emergency Medicine Fellowship**

*Scholarly Activity Oversight Committee*

**Fellow Project Timeline Template –**

**Name of Fellow:**

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**DIRECTIONS: Please enter proposed activities/update with each submission to SAOC.**

**Year One - Three**

July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June