



Penn Surgery

OBSERVERSHIP (SHADOWING) PROGRAM INTEREST FORM

Name:

Email Address:

Phone Number:

Mailing Address:

DOB:

Last 4 Digits of SSN#:

If Penn Affiliated, PennID#:

Visa status:

Type:

1. I am currently a:

Pre-Med Student: 1 2 3 4

Area of study/anticipated degree: _____

Medical Student (Circle current year): MS1 MS2 MS3 MS4

Other (please specify): _____

If you are a current student, please list your school/university: _____

If Penn affiliated, please provide your PennID#: _____

2. I would like to observe for:

1 week

2 weeks

Dates Desired (please specify start and end dates. If you do not have specific days in mind, please list a range of months you are available and the year):

3. Area of Surgical Interest(s) – Please select all that apply:

Cardiovascular

Colorectal

Endocrine/Oncology

Gastrointestinal

Pediatric

Plastic

Thoracic

Transplant

Trauma/Surgical Critical Care

Urology

Vascular

Research (please specify): _____

Other (please specify): _____



4. Did you have a specific Attending you would like to observe/shadow? Yes No

(For a full list of Attendings for Shadowing, please visit our Shadowing webpage: <https://www.pennmedicine.org/departments-and-centers/department-of-surgery/education-and-training/medical-students/shadowing-program>)

If yes, please list the Attending (s) you would like to work with (up to three):

5. Please give a short summary of your interests and goals for an observership with the Department of Surgery:

Expressed interest in our program does not guarantee acceptance or placement for an observership. Individual faculty will have to approve and accept interested parties based on their own metrics and availability. Any further questions should be directed to the Student Coordinator.