

UPMC Horizon



Medical Education

General Surgery Audition Student Rotation Request

Please complete this form in its entirety to request your addition rotation. Incomplete Applications will not be processed. Once your request is received you will be notified by email if your request has been approved. Audition rotations are typically limited to 2-4 weeks only. Rotations are subject to Cancellation if Medical School Documentation is not received within 30 days of your start date

Name: _____ Email: _____

Date of Birth: _____ Cell Phone #: _____

Medical School: _____ Class Rank: _____ GPA: _____

Comlex I: _____ Comlex II: _____ Comlex PE: _____

USMLE I: _____ USMLE II CK: _____ USMLE II CS: _____

Have you had any failures: _____

(If not taken, please indicate date scheduled)

General Surgery Audition Rotation

Dates Requested

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

1. Why are you interested in Surgery?
2. Why are you interested in the General Surgery Program at UPMC Horizon?
3. What distinguishes you from other applicants?
4. What kind of practice setting/location do you see yourself in after residency

5. Have there been any interruptions with your medical school education? If so, why?

Completed application along with your CV should be sent to

Patricia Sherman at shermanpj@@upmc.edu

Graduate Medical Education – UPMC Horizon

2000 Memorial Drive

Farrell, PA 16121

Medical Education Use Only

Date requests received by office:

Approved: Y___ N ___

Date Med Student Emailed: _____

Notes: _____