

Surgical Audition Rotation Application*

Contact Information

Name	
Street Address	
City ST ZIP Code	
Cell Phone	
E-Mail Address	
Medical School	
Date of Birth	
SSN: (Required for System Setup)	

Surgical Audition Rotation Dates (August-January ONLY):

1st Choice:	2nd Choice:	3rd Choice:
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Surgical Audition Rotation Preference:

1st Choice:	
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2nd Choice:	
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3rd Choice:	
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4th Choice:	
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5th Choice:	
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What are your scores?	USMLE:	Comlex:
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Have you failed any rotations or classes? Yes No

If yes, please indicate and describe:

Interest in Spartanburg Regional General Surgery Program

Tell us why you are interested in completing a Surgical Audition rotation at SRHS.

*An approval of a surgical audition rotation is not a guarantee of an interview to enter the residency program.