



## 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):

1 <sup>st</sup> Choice:	2 <sup>nd</sup> Choice:	3 <sup>rd</sup> Choice:
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### Surgical Audition Rotation Preference:

1 <sup>st</sup> Choice:	
2 <sup>nd</sup> Choice:	
3 <sup>rd</sup> Choice:	
4 <sup>th</sup> Choice:	
5 <sup>th</sup> Choice:	

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. Please return this document by email to [kimberly.harris@srhs.com](mailto:kimberly.harris@srhs.com).