



Shadowing / Observership Inquiry

Name: _____

Organizational affiliation (if applicable): _____

Are you a medical student? Yes No

Email: _____

1. Are you an international student or physician? Yes No

2. Are you under the age of 18? Yes No

*If checked yes to the two questions above, please review our eligibility requirements for shadowing/observing
<http://surgery.arizona.edu/education/observershipshadowing-program>

Date(s) of Proposed Visit: _____

Hours/Duration of Proposed Visit: _____

Please rank the top three specialties you would like to observe:

Cardiothoracic

Neurosurgery

Trauma

Urology

Vascular

General Surgery

Abdominal Transplant

Breast

Colorectal

Endocrine

Minimally Invasive/Bariatric

Surgical Oncology

Reconstructive/Plastic