

Observership/Shadowing Interest Form

Instructions for Students:

Please complete **all fields** on this form.

Once completed, **email this form to the physician/faculty member you are requesting to shadow**, and include the following:

- **A copy of your CV**
- **Copy (cc):** cim@utrgv.edu

Physicians will review this form to learn more about your interest, goals, and readiness for the shadowing experience. Incomplete forms will not be accepted.

Student Information

Full Name:

UTRGV Email:

Today's Date:

Shadowing Details

Preferred Timeframe for Shadowing (include approximate start/end dates):

Note: Projected start date must be at least 6-8 weeks in advance

State Date: End Date:

Specialty Interest Questions

1. Which specialty are you most interested in exploring, and why? *(Please list only one specialty)*

2. Are you more interested in exploring a surgical specialty or a primary care specialty? (e.g. Do you see yourself working primarily in an operating room setting or in a clinic with ongoing patient relationships?)

3. What skills or experiences do you hope to gain from this shadowing opportunity?

4. Have you considered the lifestyle and responsibilities associated with this specialty? If so, what appeals to you most?

5. What prior experiences or coursework (if any) have influenced your interest in this specialty?

Student Verification

I confirm that the information above is accurate and that I will follow the required steps for requesting a shadowing experience.

Student Signature (typed name acceptable):