



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO
Paul L. Foster School of Medicine

Shadow-a-Physician Program

Name: _____ Date: _____

Phone _____ Grad. Yr: _____

E-Mail: _____

Major: _____ Minor: _____ GPA _____

Medical fields of interest (Top 3): _____

Why are you interested in being part of the Shadow-a-Physician Program?

Why do you feel that you should be chosen for this program?

What do you hope to gain from this program? What are your expectations?

Have you ever shadowed a physician before? Yes _____ No _____

If yes, where? _____ Which department? _____

Will you make yourself available to shadow at least 30 hours during the semester time frame? _____

Do you believe that you will be able to handle all your current duties and shadowing a physician?

Explain. _____

Make an appointment with PLFSOM program coordinator and submit application.

I have read the above statements and understand the terms and conditions of the Shadow-a-Physician

Program. _____
Signature