Application Requirements for the
UT Southwestern Micrographic Surgery and Dermatologic Oncology Fellowship Program


2. Email this UTSW MSDO Supplemental Application to Adam.Visconti@utsouthwestern.edu.
Name: _____________________________________________  SF Match ID#: __________________

Please limit responses to one page total.

1. Why do you want to be a dermatologic surgeon?

2. Applicants’ interest in applying at UT Southwestern may be routine or special. What, if anything, has particularly attracted you to our fellowship training program?

3. What strengths would you bring to a fellowship program?

4. What do you plan to do after your fellowship? Why?

5. How do you see yourself 10 years from now?

6. Is there any other information you wish to communicate about yourself?

_______________________________________  __________
Signature Date

**With few exceptions, you are entitled on your request to be informed about the information U.T. Southwestern Medical Center at Dallas collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Southwestern Medical Center at Dallas correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that U.T. Southwestern Medical Center at Dallas collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.