This is only a preview of the survey. Responses will not be saved. <u>Close</u>

## University of Washington OEM Applicant Interview

Questionnaire	O			Page <b>1</b> of 1
Question 1.				rage I of 1
Your name:				
Required.				
Question 2.				
Please rank your preference	e of available inte	erview days.		
Required.				Unavailable on this
	First choice	Second choice	Third choice	day
(Date Passed) Thursday, Nov 2	0	0	0	$\circ$
(Date Passed) Thursday, Nov 16	0	0	0	0
(Date Passed) Thursday, Dec 7	0	0	0	0
Thursday, Jan 11	0	0	0	0
Question 3.				
Please review <u>this menu</u> ar advance.	nd make a selection	on for your lunch. Th	is will allow us to	place your order in
Required.				
Required.				
		/		

## Question 4.

Are there any faculty you would be particularly interested in meeting?

While we cannot guarantee availability, we do make an effort to introduce candidates to faculty that share their academic and clinical interests.

Question 5.	
Emergency contact for day of interv	iew:
Required.	
Question 6.	
Emergency contact phone number:	
Required.	
Submit responses	

## **Questions or Comments?**

Contact Liz Fawthrop at <a href="mailto:fawthrop@uw.edu">fawthrop@uw.edu</a>

