## Initial Survey to Participants

Dear **[STUDENT NAME]**,   
Thank you for participating in the Surgical Subspecialty Experience Program! Below you will find a link to access your Post-Experience Survey. This survey should take no longer than 5 minutes to complete. We value your feedback and use it to continually improve our program. Please complete this survey within 24 hours of your shadowing experience.

**[SURVEY URL]**

Sincerely,

The SSEP Team