## Pre-SSEP Survey Email to Participants

Dear **[STUDENT NAME]**,

The Surgical Subspecialty Experience Program would like to invite you to participate in our Baseline Surgical Subspecialty Interest survey.This is the first of three surveys you will receive during your first and second years of medical school. Completion of these surveys is an expected part of your participation in the SSEP shadowing program. However, even if you have chosen not to participate in shadowing, we are still very interested in understanding your interest in the surgical subspecialties.

Participation in this survey is necessary for the continued success of the SSEP. It should take no more than 10-15 minutes to complete, and your participation will help us understand trends in surgical subspecialty interest over time. The survey will close on **[DAY], [DATE]** at 11:59 PM.

The survey is titled: **[SURVEY NAME]**

To participate, please click on the link below.  
  
Sincerely,  
The SSEP Team  
----------------------------------------------  
Click here to complete the survey: **[SURVEY URL]**