



# Memorial Sloan Kettering Cancer Center

# Brennan Visiting Resident Rotation Application

## Applicant Information

**Full Name:**

Email:

### Preferred Phone number:

## Current Residency Training Program:

### **Clinical PGY level at time of rotation:**

Are you in your research year? Yes  No

If yes, please enter start and end date:

**\*\* For residents who will be in their research year at the time of rotation, please note that you must be affiliated with your residency training program at your home institution.**

## **Program Contacts:**

### **Coordinator/Manager:**

## Phone Number:

Email:

## Program Director:

**Phone Number:**

## Email:

**If selected, please list rotation month preference:**

## Service Preference CRS, GMT, HPB:

**Memorial Sloan Kettering Cancer Center**  
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