Orthopaedic Surgery Residency Program

Western Michigan University Homer Stryker, M.D. School of Medicine

Supplemental Statement for Residency Application 2024-2025

 We require only three letters of recommendation, so we strongly encourage you to submit this supplemental statement form. **Please use this opportunity to highlight information you did not already include in your personal statement or the supplemental ERAS application**.

 Please be concise, no more than 50 words per question for your response.

 Please email your form **no later than September 24, 2024** to orthosurg@wmed.edu in PDF format, and name the file WMED (last name) (first name); ex. WMED Stryker Homer

Name:

AAMC ID#:

What is it about our program – in addition to providing early operative opportunities, strong operative volume, and leadership development - that will set you up to thrive?

Tell us one unique thing about your journey to become a surgeon, and how that experience would enhance the education of the team of residents you train with.