



Society of Urologic Oncology
Two Woodfield Lake
1100 East Woodfield Road, Suite 350
Schaumburg, IL 60173
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Program Directors Evaluation of Graduating Fellows

Name of SUO Fellowship Site: _____

Name of SUO Fellowship Program Director: _____

Email: _____

Name of SUO Fellow: _____

Dates of Fellowship: _____

Post Fellowship Contact Information (where the certificate is sent to): _____

Post Fellowship Practice/Institution: _____

Practice Information: Academic Practice Other

1. Please list all of the faculty that were involved in the training of the current graduating fellows.

**Attach an additional page if more space is needed*

2. Please give a summary of the fellow's clinical and surgical skills. Note any deficiencies or interruptions in training.

**Attach an additional page if more space is needed*

3. Please give a summary of the fellow's academic productivity including research, presentations, mastery of the SUO curriculum and current Urologic Oncology concepts.

**Attach an additional page if more space is needed*

4. Please feel free to make any additional comments regarding the fellow's training and/or readiness to practice as a urologic Oncologist.

**Attach an additional page if more space is needed*
