

**Drexel University College of Medicine**  
**PATHWAY ADVISING FORM #1**  
**Pathway Lottery Entry Approval Form**  
**Class of 2020**

Student Name: \_\_\_\_\_ Student Drexel ID: \_\_\_\_\_

Pathway Selected: \_\_\_\_\_ Student Telephone #: \_\_\_\_\_

Are you scheduling your Pathway Required Course in the lottery?      Yes  No   
(If you are in the Medicine, OB/GYN, Pediatrics, or Surgery Pathway you may skip this question.)

If no, please indicate your plan? (ex: Home but not available in lottery, away, military req, etc., please discuss with PD)

\_\_\_\_\_  
\_\_\_\_\_

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**To be completed by Pathway Director:**

Date(s) of Advising: \_\_\_\_\_

Is the student considering specialties other than the currently selected Pathway?    Yes       No

If so, what other specialties might they be interested in? \_\_\_\_\_

**Please refer student to the Student Affairs Office for further guidance if you do not feel able to guide or if the student has concerns about exploring more than one field.**

Scheduling Notes/Concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Advising provided by: \_\_\_\_\_  
(please print name)

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**Signature of Pathway Director**

It is the responsibility of the medical student to return this form to the Division of Clinical Education by close of business on **January 14, 2018**.

**Fax: 215-843-7738 or Email: [clinicaleducation@drexel.edu](mailto:clinicaleducation@drexel.edu)**  
DUCOM, Division of Clinical Education, 2900 W. Queen Lane, Room 114K, Philadelphia, PA 19129