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)
_________________________________________________________________________________________
_________________________________________________________________________________________
__________________________________________________________________________________________

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)

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

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

rev20181126