Student Name: __________________________________________ Student Drexel ID: ____________

Pathway Selected: _________________________________   Student Telephone #: ________________

Are you scheduling your Pathway Required Course in the lottery?             Yes ☐ No ☐
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: _______________________________________________________

Student may enter 2018/2019 lottery process:

☐ Yes   ☐ No (please include brief explanation below)

Student is approved to complete Required course at institution outside DUCOM clinical sites: Yes ☐ No ☐

Does student plan to apply in Pathway field indicated above? Yes ☐ No ☐, If no, please indicate what other fields the students is interested in? _____________________________________________

Scheduling Notes/Concerns:  __________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Advising provided by: _______________________________________________________________________
(please print name)

__________________________________________________________________________________________

Signature of Pathway Director

*For students in the MD/PhD Pathway, Research Pathway or Women’s Health Pathway only:

Students in these Pathways are required to seek additional advising and sign-off from the Pathway Director in the specialty they are currently most interested in pursuing.

_________________________________________           _________________
*Name/Signature of Pathway Director in specialty student interested in pursuing       Date

It is the responsibility of the medical student to return this form to the Division of Clinical Education by 4:00pm on Tuesday, February 5, 2018.

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

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