Drexel University College of Medicine

PATHWAY ADVISING FORM #1
Pathway Lottery Entry Approval Form
Class of 2018

Student Name: ________________________________________  Student Drexel E-Mail: ________________
Pathway Selected: _____________________________________   Student Telephone #: ________
Course # for Pathway Required course: _______________________________
Are you scheduling your Pathway Required Course in the lottery? ________________
____________________________________________________________________________________
To be completed by Pathway Director:
Date(s) of Advising: _________________________________________________
Advising provided by: _________________________________________________
Student may enter 2017/2018 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 if you are aware of what other fields the students is interested in? ________________________________
Scheduling Notes/Concerns: __________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
Printed Name and 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 21, 2017.

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