Pathway Directors, or their designee, are expected to meet with all Pathway students individually between May 1, 2017 and August 15, 2017 to:
1) Review 4th year schedules and
2) Provide individual advising regarding the residency application process (letters of recommendation, personal statements, student competitiveness, residency program selection, etc.)

Student Name: ______________________________________  Student Drexel E-Mail: ________________
Pathway Selected: ___________________________________   Student Telephone #: __________________
Specialty Selected, if different than Pathway____________________________________
Date(s) of Advising: _______________________________________________________

☐ Individual advising in person    ☐ Individual advising via telephone
☐ Student would benefit from Interview Preparation and Practice. Recommended student practice using INTERVIEWSTREAM

☐ Student may be at risk for matching in this specialty. Alternate plans discussed.
☐ Student referred to their Student Affairs Career Advisor for additional advising.

Comments/Concerns:____________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Advising provided by:  __________________________________________________________
Printed Name and Pathway Director Signature: _____________________________________________

*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 planning to pursue.

Comments/Concerns:____________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

*Printed Name/Signature of Pathway Director in specialty student plans to pursue              Date

Must be completed by August 20, 2017

Return Forms to: Erin Clark, Fax: 215-843-5495 or via Email to: imm_surv@drexelmed.edu
DUCOM, Office of Educational Affairs, 2900 W. Queen Lane, Room 221, Philadelphia, PA 19129