

Student Information Form for Advising Appointments - Class of 2024

BACKGROUND INFO:

Student Name: _____ Appt. Date ____/____/2023

Email: _____ Phone: _____

ACADEMIC PROGRESS:

Course and Clerkship failures/repeats – if applicable: _____

Deferred Blocks for Step 1? Yes No If Yes, how many blocks? _____

USMLE Step 1: Pass Fail Date: _____ If failed, USMLE Step 1 Retake: Pass Fail Date: _____

USMLE Step 2 CK anticipated date: _____ USMLE Step 1 3-digit score, if applicable: _____

CLERKSHIP (Please list in the order of completion):

Clerkship Grade:	NBME Shelf Score	NBME Shelf Natl %ile
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

At this time, please list your specialty choices in order of current priority:

Specialty Choice #1: _____

Specialty Choice #2: _____

(if you are still deciding on specialties)

After reviewing your academic progress, including shelf exam percentiles and their strong predictive value for Step 2 CK performance, and the Research section in the Specialty Pathway Handouts, please indicate your perceptions of your competitiveness for your 1st and 2nd choice specialty?

I feel I am competitive for my Specialty Choice #1
Strongly Agree Agree Disagree Strongly Disagree

I feel I am competitive for my Specialty Choice #2 – if applicable
Strongly Agree Agree Disagree Strongly Disagree

Are you considering a back-up specialty – if applicable?

Back-up Specialty Choice #1

Back-up Specialty Choice #2

Career Goals (e.g., fellowships, academic/research focus, etc. –optional): _____

Geographic preference for residency (optional): _____

Additional Info. (e.g., gaps, Edge or Dual degree, couples match, military, etc. –if applicable): _____

Please submit this form **AND your updated (draft) CV to MedCareerAdvise@drexel.edu at least 2 business days prior to your scheduled meeting with Advising Dean.*

****For post-lottery meeting with Pathway Director, send this completed form, your updated CV and your 4th year schedule to your Pathway Director. For your current 4th year schedule, please take a screen-shot or “Snip” of your DOCSS schedule and paste it below. If you are unable to do that, please fill in your schedule below.**

Year 4 Blocks 2023-2024:

(Minimum Required Weeks = 30, Maximum allowed weeks = 46)

Block 1 (6/5-6/30):

Block 2 (7/3-7/28): _____

Block 3 (7/31-8/25): _____

Block 4 (8/28-9/22): _____

Block 5 (9/25-10/20): _____

Block 6 (10/23-11/17): _____

Block 7 (11/20-12/15): _____

Block 8 (1/1-1/26/24): _____

Block 9 (1/29-2/23): _____

Block 10a (2/26-3/8): _____

Block 10b (3/11-3/22)-Transition to clinician

Block 11 (3/25-4/19): _____

Block 12a (4/22-5/3): _____