Drexel University College of Medicine
PATHWAY ADVISING FORM #1
4th Year Schedule Review and Residency Application Process Advising
Class of 2023

Pathway Directors, or their designee, are expected to meet with all Pathway students individually between June 1 and August 15 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 or video conferencing
☐ Student would benefit from Interview Preparation and Practice.

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

Comments/Concerns: __________________________________________

_______________________________________________________________________________________

Advising provided by: ________________________________________________

Printed Name and Pathway Director Signature: _______________________________

Must be completed by August 15th

Return Forms to: Karen Shulik via Email: medcareeradvise@drexel.edu or Fax: 215-843-1766

Revised: 6/1/2022