SPECIALTY CHOICE REVIEW FORM

Student to fill out above dotted line. Please fax to Dean Phillips at 901 448-7085 before January 15, 2015

Student Name: ___________________________________________ Date of meeting: ____________
Specialty Choice: ________________________________________
Other specialty thoughts: (second choices): ____________________________________________________________________________

Specialty Advisor: ________________________________________
Step 1 Score_______ Failures Y N GPA: _______

Plan for M4 electives in specialty choice (UT and ‘aways’)

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<th>Course description</th>
<th>Location</th>
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To be filled out by advisor: (this is only advice; the student must take responsibility for ALL aspects of the application and Match process)

_____ I have discussed the student’s profile and specialty choice with him/her.

_____ I have reviewed the student’s plan for M4 electives in specialty and made recommendations

How can this student improve his/her chances of matching? (May circle more than one): (this is only advice; the student must take responsibility for ALL aspects of the application and Match process)

1. No further recommendations/ student a good fit for specialty
2. Research
3. Seek less competitive programs in chosen field
4. Fourth-year elective at UT in this specialty
5. Away rotations in the specialty
6. Rank preliminary year in chosen field
7. Have another less competitive specialty as a back up
8. Consider another specialty
9. Discuss options further with Dean of Students

This is in no way a contract or a guarantee of an outcome for this student. It is merely my opinion based on my experience as a faculty member in this specialty. It is not the chair’s or program director’s opinion.

_________________________________________ ___________________________
Student signature Specialty advisor