SPECIALTY CHOICE REVIEW FORM

Please return completed form to Dr. Catherine Womack, Associate Dean for Student Affairs and Admissions (cwomack@uthsc.edu, Office of Student Affairs, 910 Plaza Room 1031.

Student Name: _______________________________________________ Date: ______________________________

Specialty Choice: _____________________________________________ Specialty Advisor Name: ___________________

What was your Step 1 score? ______ Any failures or repeats? ______ What is your current GPA? ______

Thinking about your performance during your first two years and during your clerkships, how confident are you that you will match into the specialty you have chosen?

☐ Not very confident ☐ Somewhat confident ☐ Confident

What factors were important to you when choosing your specialty? _____________________________________________

What type of program are you looking for? Where do you plan to apply? ________________________________________________________________________________

What unique qualities and strengths do you feel would make you a good candidate for this specialty? ______________________________________________________________

What concerns, if any, do you have about your competitiveness for the specialty you have selected? ______________________________________________________________

What is your parallel plan if you fail to match into this specialty or preferred program? ________________________________________________________________________________

Please list your planned M4 electives, where you plan to take them (UT or Away) and in which block?

1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________
4. __________________________________________________________________________

The following section must be completed and signed by your specialty advisor.
(This is only advice; the student must take responsibility for ALL aspects of his/her application and Match process.)

I have reviewed this student’s profile and have discussed his/her concerns & competitiveness for matching. YES NO

I have discussed this student’s plan for M4 electives in his/her specialty and have the following suggestions:

_______________________________________________________________

Based on your discussions with this student about his/her career decision, what can he/she do to improve his/her chances for matching into their chosen specialty? (check all that apply)?

☐ This student is a good fit for this specialty ☐ Needs to have another specialty/sub specialty parallel plan
☐ Away rotations in the specialty ☐ Rank preliminary year in chosen field
☐ Research ☐ Discuss alternative career options with Dean of Student Affairs

This form is not 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 nor Program Director’s opinion.

Student Signature: _____________________________________________ Specialty Advisor Signature: ___________________

Date: ______________________________