

**SPECIALTY CHOICE REVIEW FORM**

Please return completed form to **Dr. Catherine Womack, Associate Dean for Student Affairs and Admissions** (cwomack@uthsc.edu) or **Courtney Cook** (ccook51@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:** \_\_\_\_\_