

NAME: _____
Prefix First Middle Initial Last

Name goes by if different than above (see note below): _____

*Note: LOR's, VSLO, AAMC, ERAS, OASIS, must use the student's "legal name" on paperwork and files.
Students must use their "legal name" on their COM forms, CV & Personal Statement's, etc.*

Local Mailing Address M4 evaluations, etc: _____

City: _____ State: _____ Zip code: _____

Cell Number (____) _____ Student's jag e-mail : _____
Area Code

I request the following to be my Faculty Advisor:

ADVISOR'S NAME: (PRINT CLEARLY) _____

I am 100% certain I will pursue a residency in: _____

OR I have narrowed by choices down to:

1. _____

OR

2. _____

****** NOTE: It is the student's responsibility** to provide a copy of their transcript (printed from PAWS), CV(resume), copy of USMLE Step 1 document and copies of any clinical evaluations in e*value which have been completed and to their advisor at the initial meeting. The student should update their M4 advisor of any change/s in their academic standing throughout the year.

Faculty Advisors have a limit of (4 advisees per year)

Student's Signature: _____ date: ____/____/____

Advisor's Signature: _____ date: ____/____/____