

Advising Summary Sheet

Advisor: JCL / TS

Meeting date:

Name:

Preferred name:

Preferred pronouns:

Email:

Entered year:

Anticipated graduation year:

Expanded Y/N

College Mentor:

What do you want to talk about when we meet?

Background information:

Career interests:

FM exposure and related activities so far:

Research:

Other specialties of interest:

GRADES

Required Clerkship grades:

Any fail grades (including preclinical)? Y/N _____

Do you have any concerns that could affect your application?

BOARD SCORES

Step 1:

Step 2 CK:

Step 2 CS:

PLANS: Advanced Clerkships/Subl(s):

RESIDENCY Characteristics of your ideal residency training program (eg, location, rural vs urban, etc):

LOR Letter Writers for your FM application:

- 1.
- 2.
- 3.
- 4.