

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: _____