

**SPECIALTY CHOICE REVIEW FORM**

Student to fill out above dotted line. Please fax or email your completed form to the COM Office of Student Affairs (901.448.7085 / adanley1@uthsc.edu) before January 15, 2016.

Student Name: \_\_\_\_\_ Date of meeting: \_\_\_\_\_

Specialty Choice: \_\_\_\_\_

Other specialty thoughts: (second choices):

Specialty Advisor: \_\_\_\_\_

Step 1 Score \_\_\_\_\_ Failures Y N GPA: \_\_\_\_\_

**Plan for M4 electives in specialty choice (UT and 'aways')**

	Course description	Location	Month
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**To be filled out by advisor: (this is only advice; the student must take responsibility for ALL aspects of the application and Match process)**

\_\_\_\_\_ I have discussed the student's profile and specialty choice with him/her.

\_\_\_\_\_ I have reviewed the student's plan for M4 electives in specialty and made recommendations

**How can this student improve his/her chances of matching? (May circle more than one): (this is only advice; the student must take responsibility for ALL aspects of the application and Match process)**

1. No further recommendations/ student a good fit for specialty
2. Research
3. Seek less competitive programs in chosen field
4. Fourth-year elective at UT in this specialty
5. Away rotations in the specialty
6. Rank preliminary year in chosen field
7. Have another less competitive specialty as a back up
8. Consider another specialty
9. Discuss options further with Dean of Students

This is in no way 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 or program director's opinion.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Specialty advisor