4th Year Specialty and Elective Advising Checklist

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Student Name			
Rocket #			
Email		Phone #	
Advisor Name			
and Department			
Student: Please bring the following to your advising appointment: CV draft, personal statement draft, UT transcript			
and/or degree audit, Step score(s).			
	Specialty choice		
	What specialties are you currently	interested in/considering applying to?	
	Clinical performance		
	 What feedback have you received in your 3rd and 4th year clinical evaluations? 		
	Describe your performance so far i	n your clinical rotations.	
	☐ Elective planning		
	 What 4th year electives have you completed so far? 		
	What electives would you like to provide the prov	ursue?	
	Academic progress		
	What was your score on USMLE Step 1?		
	 Describe your preparation for and timing of USMLE Step 2 CK and CS. 		
	 How do you feel your academic and specialty? 	d other qualities compare to other students pursuing the	
	Other topics discussed (Please summarize)		
Student: After both you and your advisor have signed this form, please turn in to the Office of Student Affairs.			
Student Signature Date			
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Advisor	Signature	Date	