



Pre-Health Advising Record

Health Professions Advising Office, 1210 H.J. Patterson Hall, (301) 405-7805

www.prehealth.umd.edu

Wendy Nick Courtney Kristyn

Date: _____ Student: _____ UID #: _____

E-mail: _____

1. **Area of Interest?** Medical (Allopathic) Medical (Osteopathic) Dentistry Podiatry
Optometry Physician Assistant Physical Therapy Nursing
Pharmacy Dental Hygiene Occupational Therapy

2. **Class Standing?** Freshman Sophomore Junior Senior
Alumni Grad Student SIE

3. **What is/was your major?** _____ **Graduation Date (Expected):** _____

4. **Expected year of professional school matriculation:** _____

5. **Who is your academic advisor?** _____

6. **If you are taking the MCAT/GRE/DAT/OAT this year, what date(s) are you considering?** _____

Questions

to be filled out BEFORE your meeting:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Experiential Activities

Or you may attach an updated resume

Clinical Experience

Community Service

Research

Leadership

Other (i.e., Paid Employment, Study Abroad, Internships, Awards, etc.)

Please visit our website to see the pre-requisite coursework required for your chosen career path. Students are responsible for knowing the individual requirements of specific schools to which they apply.