Pre-Health Advising Record
Health Professions Advising Office, 1210 H.J. Patterson Hall, (301) 405-7805
www.prehealth.umd.edu

1. **Area of Interest?**
   - Medical (Allopathic)
   - Medical (Osteopathic)
   - Optometry
   - Physician Assistant
   - Pharmacy
   - Dentistry
   - Podiatry
   - Physical Therapy
   - Nursing
   - 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/TEAS 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.

Updated August 2019