### Pre-Health Advising Record

**Health Professions Advising Office, 1210 H.J. Patterson Hall, (301) 405-7805**  
[www.prehealth.umd.edu](http://www.prehealth.umd.edu)

<table>
<thead>
<tr>
<th>Wendy □</th>
<th>Nick □</th>
<th>Courtney □</th>
<th>Becca □</th>
<th>Kayla □</th>
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</thead>
</table>

**Date:** __________  
**Student:** ____________________________  
**UID #:** __________

**E-mail:** ____________________________  
**Preferred Pronouns:** ____________________________

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

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**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.)

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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