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

Wendy □ Nick □ Courtney □ Megan □ Annie □

Date: __________ Student: __________________________ UID #: _______________

E-mail: __________________________ Preferred Pronouns: ______________________

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/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.

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