

NAME: \_\_\_\_\_  
Prefix First Middle Initial Last

Name goes by if different than above (see note below): \_\_\_\_\_

*Note: LOR's, VSLO, AAMC, ERAS, OASIS, must use the student's "legal name" on paperwork and files.  
Students must use their "legal name" on their COM forms, CV & Personal Statement's, etc.*

Local Mailing Address M4 evaluations, etc: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Cell Number (\_\_\_\_) \_\_\_\_\_ Student's jag e-mail : \_\_\_\_\_  
Area Code

**I request the following to be my Faculty Advisor:**

ADVISOR'S NAME: (PRINT CLEARLY) \_\_\_\_\_

I am 100% certain I will pursue a residency in: \_\_\_\_\_

OR I have narrowed by choices down to:

1. \_\_\_\_\_

OR

2. \_\_\_\_\_

**\*\*\*\* NOTE: It is the student's responsibility** to provide a copy of their transcript (printed from PAWS), CV(resume), copy of USMLE Step 1 document and copies of any clinical evaluations in e\*value which have been completed and to their advisor at the initial meeting. The student should update their M4 advisor of any change/s in their academic standing throughout the year.

**Faculty Advisors have a limit of (4 advisees per year)**

Student's Signature: \_\_\_\_\_ date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Advisor's Signature: \_\_\_\_\_ date: \_\_\_\_/\_\_\_\_/\_\_\_\_