

FACULTY ADVISOR MEETING CONFIRMATION FORM
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Date of meeting _____ Class (circle one) M1 M2 M3 M4
(please note that students are advised to meet with their faculty advisor at least three times per year)

Student _____ student signature _____

Faculty _____ faculty signature _____

Topics discussed at the meeting (check and/or write comments):

- Review academic progress
- Exam results
- Discuss adjustment to medical school
- Discuss personal/family matters
- Career planning/exploration
- Request for recommendation/reference/referral
- Other

Faculty comments and recommendations for follow-up:

Student comments:

Suggestions/requests of OSA:

Please return form to
Doreena Durbin, Faculty Advisor Coordinator
The Office of Student Affairs
MC 785, Room 112 CMW, 1853 West Polk, Chicago 60612-7332
FAX 312-413-3787