FREDERICK P. WHIDDON COLLEGE OF MEDICINE
UNIVERSITY OF SOUTH ALABAMA

Faculty Advisor Form Class of 2028

NAME:_____ _____ _____ _____
Prefix *First* *Middle Initial* *Last*

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

Mailing Address: _____

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._____

*****It is helpful for the student to provide the faculty advisor copies of their transcript (printed from PAWS), CV/resume, individualized learning plan (ILP), and copies of any clinical evaluations in E*Value 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.

**Advisor and specialty pursuit information for students in the Primary Care Pathway program will be provided to the Program Director.

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

Student's Signature:_____ date:____/_____/_____

Advisor's Signature:_____ date:____/_____/_____

***** RETURN THIS FORM signed to KAREN BRASWELL – by DUE by: 3/01/2027*****