STUDENT: ____________________________________________

My career choice/s is: ____________________________________________

As a residency advisor, I agree to:
• Discuss the elective schedule.
• Be available for periodic reviews and **to sign** required Block Forms: **Block B** due **June 2, 2017** and **Block C** due **October 20, 2017**
• Review the student’s Curriculum Vitae and Personal Statement. Provide specialty appropriate advice regarding Letters of Recommendation and Interviews.
• Be available to advise the student on questions regarding program selection and ranking for the Match/SOAP.

RESIDENCY ADVISOR’S SIGNATURE: _____________________________

Please print Name: ____________________________________________

Department: ________________________________________________

Messenger mail address: ______________________________________

Phone: ___________________ Fax: ______________________________

E-mail: ___________________ Date: _____________________________

RETURN TO: Office for Student Affairs; PO Box 800739, Charlottesville VA 22908-0739, (3rd Fl. Claude Moore Med-Ed Building, Suite 3188, Rm. 3129) FAX: (434) 982-4073