

Agreement to Serve as a Senior Faculty Advisor

I agree to serve as a Senior Faculty Advisor to the student named below and have supplied the requested information. I understand this will involve:

1. Reviewing this student's fourth year schedule to ensure it meets the needs of the student and is academically sound.
2. General career counseling.
3. Helping the student obtain advice about postgraduate training programs and general advising about postgraduate training issues. It is not expected that every faculty member who agrees to be a Senior Faculty Advisor will be able to direct a student to programs in a particular specialty. However, the Senior Faculty Advisor should be able to direct the student to a source of this advice, and the Senior Faculty Advisor should, in general, help the student assess the soundness and feasibility of his or her plans.
4. Reviewing the student's Curriculum Vitae and personal statement.
5. Assisting any student who may experience academic difficulty when notified by the Student Affairs Office (any grade other than Pass).

I also understand that, as Senior Faculty Advisor, I should feel free to consult with Carolyn Kelly, MD, Associate Dean for Admissions and Student Affairs and or Ramon Aldecoa, Director of the Careers in Medicine Program at any time.

STUDENT'S NAME (PLEASE PRINT): _____

OPTION #1 - Sign and return a copy of this form to the Student Affairs Office, mail code 0606.

OPTION #2 - Fax this form to (858) 534-8556, Office of Student Affairs.

OPTION #3 - Return this form via email to careersinmedicine@ucsd.edu.

Faculty Member's Name (Please Print): _____

Faculty Member's Signature: _____

Department: _____ Division: _____

Mail Code: _____ Office Phone: _____

Email Address: _____

Questions? Please contact Careers in Medicine Program (careersinmedicine@ucsd.edu) or 858.534-0366

**Careers in
Medicine**



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