



Clinical Advisor Request and Approval Form

The Clinical Advising Program provides an opportunity for you to work closely with a clinical faculty member to individualize your senior schedule, build solid and cohesive ERAS packages for Residency Programs, and develop your professional identity under the guidance of a faculty role model. Please complete and submit by February 16, 2018 to Cheryl Crawford at chcrawford@mcw.edu. Your requested advisor will be contacted by Academic Support Services for their confirmation and signature.

- *Confirmation of advisors will begin immediately following the deadline*
- *It is strongly recommended your clinical advisor be within your specialty of interest*
- *Advisors should limit their number of advisees to 8*
- *All advisors will receive confirmation from Academic Support upon submission*

STUDENT NAME:

First Name

Last Name

Middle Initial

STUDENT EMAIL:

SPECIALTY OF INTEREST:

**REQUESTED
ADVISOR:**

ADVISOR EMAIL:

I acknowledge that I understand the requirements and expectations of the Clinical Advisor Program. I have met and discussed my intentions with the requested clinical advisor to initiate the advisor/advisee relationship.

STUDENT SIGNATURE:

DATE:

Please send your completed form to Cheryl Crawford at chcrawford@mcw.edu.

For Academic Support Services office use only:

ADVISOR SIGNATURE:

DATE:

If you have any questions, please contact Cheryl Crawford of Academic Support Services at chcrawford@mcw.edu.