**NAME: DATE:**

**Career goal (What do you hope to do after residency?):**

**Timeline details affecting this year (Weddings, babies, international trips, etc.):**

**Restrictions or Preferences (Couples Match, Geographic, etc):**

**Letters of Recommendation: Final Year Schedule:**

|  |  |  |
| --- | --- | --- |
| **Block 1. Mar:**  | **2. Apr:**  | **3. May:** |
| **4. May/June:**  | **5. July:**  | **6. July/Aug:** |
| **7. Aug/Sept:**  | **8. Sept/Oct:**  | **9. Oct/Nov:** |
| **10. Nov/Dec:**  | **11. Jan:** | **12. Feb:** |
| **13. March: TTR** | **14. April:** |  |

1. **Departmental**

**USMLE STEP 1:**

**USMLE STEP 2:**

**GRADES:**

**Foundation Phase:**

|  |  |
| --- | --- |
| **(Insert Course)** | Grade |
| **(Insert Course)** | Grade |
| **(Insert Course)** | Grade |
|  **(Insert Course)**  | Grade |
|  **(Insert Course)**  | Grade |

**App Phase: Indiv Phase:**

|  |  |  |  |
| --- | --- | --- | --- |
| **CSP** | N/A | **Medicine** |  |
| **HISC** | N/A | **Peds** |  |
| **CBLC** | N/A |  |  |
| **SHS4** | N/A |  |  |

**SPECIAL ACHIEVEMENTS (leadership, research, cool stuff) or RED FLAGS (failures, LOAs, etc):**

**TENTATIVE PROGRAM LIST:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |