



## Match Check-Up – M3

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Advising Academy Leader Name: \_\_\_\_\_

### Subjective:

Are you receiving the support you need (for example, support for academic, physical, and/or emotional well-being)?

### Objective:

#### ADVISING VITAL SIGNS

M3 Clerkships: Do you have any concerns about your grades?

Yes

No

Comments:

Current Monitoring or Probation Status:

Not Applicable

Non-Academic Monitoring

Academic Monitoring

Non-Academic Probation

Academic Probation

Curriculum Vitae:

CV Attached

**Specialty(ies) Being Considered:**

**Discuss clerkship narratives. Any concerns or surprises?**

**Research: Are you interested or involved in any research? Any challenges?**

**Extracurricular Activities: What extracurricular activities are you involved in? Any leadership roles?  
Member of any professional societies?**

Are you engaged in any experiences that are enriching your medical education? Any volunteerism/humanistic activities?

To be completed by academy leader (faculty advisor) -  
**Assessment and Plan:**

**Next Steps:**

- |  |  |
|--|--|
| <input type="checkbox"/> Meet with the Associate or Assistant Dean of Students | <input type="checkbox"/> Join a professional society       |
| <input type="checkbox"/> Meet with SASS  | <input type="checkbox"/> Expand research experience        |
| <input type="checkbox"/> Work with a PAC                                       | <input type="checkbox"/> Complete a CiM self-assessment    |
| <input type="checkbox"/> Community Service                                     | <input type="checkbox"/> Recommended for Wellness Services |
| <input type="checkbox"/> Increase efforts to address wellness                  | <input type="checkbox"/> Other (please indicate below):    |
| <input type="checkbox"/> Shadow a physician in: _____                          |  |

Faculty Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_