**University of Rochester School of Medicine & Dentistry**

**Health Humanities and Bioethics Pathways**

**Expectations and Check Sheet**

**PHASE ONE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  |  |  | **Mentor:**  |

**Pathway Deadlines & Forms**

**Phase 1 □** Nov 16 - Pathway application submitted

 **□** Prior to April 1 –Pathway interests and preliminary project plans discussed with mentor.

 **□** July 30 **-** Completed Check Sheet reviewed with and signed by mentor and Advisory Dean, and submitted to Pathway Coordinator, Christine Donnelly, who will obtain Pathway Director’s signature.

**Pathway Meetings**

 **□** In Phase 1, attend HHBE Pathway Meetings & Selective in the Spring Semester.

 **□** Read assigned book and participate in book discussion.

**HHBE Extracurricular Activities Attended**

**Attend At Least 4 Events /** Note: After attending, submit a written reflection (minimum 200 words) on the event or activity to the Pathways WordPress Website.

**Event / Activity Title** **WordPress Reflection (check)**

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.**  |  |

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| --- | --- | --- | --- |
|  |  |  |  |
| **Student’s Signature** | **Date** | **Mentor’s Signature** | **Date** |

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| --- | --- | --- | --- |
|  |  |  |  |
| **Advisory Dean’s Signature** | **Date** | **Pathway Director’s Signature** | **Date** |

*Failure to meet Pathway deadlines will result in the student being withdrawn from the Pathway.*

*Please send completed form to Christine Donnelly, Room G-8011, or via email to Christine\_donnelly@urmc.rochester.edu*