



PONCE SCHOOL OF MEDICINE AND HEALTH SCIENCES

ALUMNI APPLICATION FOR ADDITIONAL COURSE / AUDIT STUDENT

REGISTRAR'S OFFICE

Academic Program: <input type="checkbox"/> Doctoral Program in Medicine (MD) <input type="checkbox"/> Doctoral Program in Biomedical Sciences (PhD) <input type="checkbox"/> Doctoral Program in Clinical Psychology (PsyD) <input type="checkbox"/> Doctoral Program in Clinical Psychology (PhD-Psy) <input type="checkbox"/> Master in Public Health (MPH) <input type="checkbox"/> General <input type="checkbox"/> Epidemiology <input type="checkbox"/> Environmental <input type="checkbox"/> Doctoral Program in Epidemiology (DrPH)	For official use only Date received: Fee Paid: <input type="checkbox"/> Type of payment:
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Readmission period for year 20_____ : Semester: <input type="checkbox"/> First <input type="checkbox"/> Second Trimester: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	Course Requested:
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PERSONAL AND CONTACT INFORMATION

Last Name	Mother's Surname	First Name	Middle Name Initial
Social Security Number	Student Number	Email Address	
Permanent Address		City and State	Zip Code
Mailing Address (If different)		Phone Number	Mobile
Date of Birth	Place of Birth	Are you a US veteran?	Age: Sex <input type="checkbox"/> M <input type="checkbox"/> F
If not US Citizen: Country of citizenship		Type of VISA	

EDUCATIONAL HISTORY

Program	Entering Date	Date Degree Awarded	Degree Awarded

REASON TO TAKE ADDITIONAL OR AUDIT COURSE

Explain your reason to take additional course.

 Signature Date

APPLICATION DEADLINES Semester: * First (December 15) * Second (July 15) Trimester: * First (July 15) * Second (October 15) * Third (February 15)

THIS APPLICATION MUST INCLUDE THE CORRESPONDING PROGRAM DIRECTOR'S ACCEPTANCE LETTER AND THE ACADEMIC AFFAIRS DEAN'S AUTHORIZATION LETTER.