



PONCE SCHOOL OF MEDICINE AND HEALTH SCIENCES

ADMISSIONS OFFICE

PO BOX 7004

PONCE PR 00732

Tel (787) 840-2575 Ext 2142 - 2143 • Fax (787) 842-0461

www.psm.edu • email: admissions@psm.edu

Readmission Application

Ponce School of Medicine and Health Sciences will consider for readmission students who voluntarily withdrew from the program for medical or personal reasons and were in good standing or satisfactory academic progress at the time of the withdrawal. Applicants must meet all requirements at the time of application for readmission.

Please provide the following documents with your application:

- **US\$100.00 non-refundable application processing fee**
(Check or Money Order payable to Ponce School of Medicine)
- **Certificate of No Penal Record "Certificado Negativo de Antecedentes Penales"**

Mail or bring your completed application to:

Ponce School of Medicine and Health Sciences
Admissions Office
PO Box 7004
Ponce PR 00732

Ponce School of Medicine and Health Sciences is accredited by:

Council of Higher Education of the Commonwealth of Puerto Rico (CHE)

Middle States Commission on Higher Education (MSCHE)

Liaison Committee on Medical Education (LCME)

American Psychology Association (APA)

Accreditation Council for Graduate Medical Education (ACGME)

Accreditation Council for Continuing Medical Education (ACCME)



PONCE SCHOOL OF MEDICINE AND HEALTH SCIENCES

ADMISSIONS OFFICE READMISSION APPLICATION

Academic Program: <input type="checkbox"/> Doctor in Medicine (MD) <input type="checkbox"/> Doctoral Program in Biomedical Sciences (PhD) <input type="checkbox"/> Doctoral Program in Clinical Psychology <input type="checkbox"/> PsyD <input type="checkbox"/> 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) <input type="checkbox"/> Professional Certificate in Family & Couples Therapy	For official use only Date received: Fee Paid: <input type="checkbox"/> Type of payment:	
Re-admission period for academic year: _____ Semester: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd Trimester: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd		
Year enrolled at PSM: _____	Withdrawal date: _____	Student Number: _____

A. PERSONAL AND CONTACT INFORMATION

Last Name	Mother's Surname	First Name	Middle Name
Social Security Number:		Email:	
Permanent address:		City and state:	Zip Code:
Mailing address: (if different)		Home phone number:	Mobile:
Date of Birth:	Place of Birth:	Age:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Are you a US veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not US citizen, country of citizenship:		Type of VISA:

B. EDUCATIONAL HISTORY

Since you left PSM, have you studied at any other institution?	If yes, institution's name	Entering date:	Degree awarded (if any):
<input type="checkbox"/> Yes <input type="checkbox"/> No			

C. REASON FOR READMISSION

Explain your reasons for leaving PSMHS and returning:

Signature

Date