



Students Affairs Office
Guidance Counselor Office

PONCE SCHOOL OF MEDICINE
P.O. Box 7004 - Ponce, Puerto Rico 00732-7004

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Exts. 2252
Fax (787) 259-1931

STUDENT REFERRAL FORM

Student's Name: _____ Program: _____

Referred by: _____ Contact Telephone: _____

Department: _____ Incident Time and Date: _____

I am initiating this referral for the following reason:

My actions previous or during the incident were:

Additional comments:

Staff Signature

Date

Guidance Counselor Signature

Date