



# PONCE HEALTH SCIENCES UNIVERSITY

## OFFICE OF ADMISSIONS

### READMISSION APPLICATION

(787) 840-2575 Ext 2142 - 2143 • Fax (787) 259-1931  
[www.psm.edu](http://www.psm.edu) • [admissions@psm.edu](mailto:admissions@psm.edu)

To be considered for readmission at PHSU, the applicant must have been in good academic standing, with good ethical behavior and had requested a voluntary withdrawal. If PHSU granted an administrative withdrawal, readmission will not be considered. **Applying does not guarantee readmission.**

Those PHSU students, who are interested in reapplying to the Institution, must follow this procedure:

1. Submit a readmission application form to the Director of Admissions.
2. This application must be accompanied by a detailed explanation of the reasons for the withdrawal and all relevant supporting documents such as letter from the applicant's physician(s) if health issues were the cause, etc.
3. Submit copy of the written petition for withdrawal made to the PHSU Registrar's Office which was approved by the Dean of Student Affairs of PHSU at the time of the withdrawal.
4. Two letters of recommendation from professionals that have been in contact with the applicant during the time he/she has being away from the Institution.
5. Recent Certificate of No Penal Record "Certificado Negativo de Antecedentes Penales"
6. Other documents that the Institution may consider necessary.
7. Non-refundable processing fee of \$50.00 (check or money order payable to Ponce Health Sciences University)

The application form may be obtained personally at the Admissions Office or at [www.psm.edu](http://www.psm.edu) (see Admissions):

Mail or bring your completed application to:

**Ponce Health Sciences University**

**Admissions Office**

**PO Box 7004**

**Ponce, PR 00732**

# PONCE HEALTH SCIENCES UNIVERSITY

## READMISSION APPLICATION

<b>Academic Program:</b> <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		<b>For official use only</b>  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 PHSU:	Withdrawal date:  Voluntary <input type="checkbox"/> Administrative <input type="checkbox"/>	Student Number:

### A. PERSONAL AND CONTACT INFORMATION

Last Name		Mother's Surname		First Name		Middle Name	
Social Security Number:   XXX-XX-				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 PHSU, 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 WITHDRAWAL / READMISSION

Explain your reasons for leaving PHSU and returning. Be aware to review cover page carefully so you will comply with the requested documents. Incomplete applications will not be evaluated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date