

UNIVERSITY OF PUERTO RICO  
SCHOOL OF MEDICINE  
FOURTH YEAR  
ACADEMIC YEAR 2018 – 2019

PRIORITY NUMBER: \_\_\_\_\_

Student Name : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail : \_\_\_\_\_

Student Number : \_\_\_\_\_

Phone : \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Previous Electives : \_\_\_\_\_  
\_\_\_\_\_

MAY	2017		JUNE		JULY			
28-1	4-8	11-15	18-22	25-29	2-6	9-13	16-20	23-27

2018 - AUGUST				SEPTEMBER				OCTOBER				NOVEMBER				DECEMBER				DEC - JAN	
30-3	6-10	13-17	20-24	27-31	3-7	10-14	17-21	24-28	1-5	8-12	15-19	22-26	29-2	5-9	12-16	19-23	26-30	3-7	10-14	17-21	24-4
																					CHRISTMAS RECESS

2019 - JANUARY				FEBRUARY				MARCH				APRIL				MAY				JUNE				JULY	
8-11	14-18	21-25	28-1	4-8	11-15	18-22	25-1	4-8	11-15	18-22	25-29	1-5	8-12	15-19	22-26	29-3	6-10	13-17	20-24	27-31	3-7	10-14	17-21	24-28	1-5
														HOLLY WEEK											

APPLICATION FORM REVISED BY:

STUDENT SIGNATURE:

\_\_\_\_\_  
SELECTED COUNSELOR

THE FORM MUST BE FILLED OUT IN **PENCIL**

DATE: \_\_\_\_\_

\_\_\_\_\_  
TOTAL HOURS: \_\_\_\_\_