

FOURTH YEAR SCHEDULE

2008 – 2009

Name

Social Security Number

Service

| Block | Dates | Course Title (from Catalog) | Course Number | Site |
|----------|--------------------|-----------------------------|---------------|---------------|
| | 6/23/08 – 6/27/08 | INTERSESSION | | |
| 1 | 6/30/08 – 7/25/08 | MCM | | USU/ Fort Gap |
| | 7/28/08 – 8/10/08 | SUMMER LEAVE | | |
| 2 | 8/11/08 – 9/5/08 | | | |
| 3 | 9/8/08 – 10/3/08 | | | |
| 4 | 10/6/08 – 10/31/08 | | | |
| 5 | 11/3/08 – 11/28/08 | | | |
| | 12/1/08 – 12/19/08 | INTERSESSION | | |
| | 12/20/08 – 1/4/09 | WINTER RECESS | | |
| 6 | 1/5/09 – 1/30/09 | | | |
| 7 | 2/2/09 – 2/27/09 | | | |
| 8 | 3/2/09 – 3/27/09 | | | |
| 9 | 3/30/09 – 4/24/09 | | | |

1. Complete your Fourth Year Schedule as you have planned it, including the MEM (MMO 4002) and Neurology (Adult = NEO 4100, Child = NEO 4110, Neurosurgery = NEO 4150, PM&R NER 4120). **Any changes to these assignments must be made through the Departments of Military Medicine 295-3720 and Neurology 295-9684 at USUHS.**
2. **It is your responsibility to contact the on-site Medical Education Office to verbally confirm each course, and then to follow up with written confirmation using Form 1304. DO NOT include a course on this form unless you have verbally confirmed it with the SITE!**
3. In order to change your schedule, you must receive **PRIOR** approval from your advisor. **THEN**, do the following: **Cancel** the old rotations with the site with a **Form 1304**. This must be done **30 DAYS in ADVANCE**. **Confirm** the new rotation with the site with a **Form 1304**. **Complete a new Form 6032** reflecting the change. **Return to the Office for Student Affairs.**
4. Course Numbers are available in the Clerkship Catalog on the web. To establish a new course, follow the instructions in the Catalog and indicate "TBA". If you have not correctly scheduled a rotation, leave the slot blank.
5. **DEADLINES:** Your second, third and fourth rotations, MEM, and Neurology must be approved by the end of **March**. Your schedule for the entire year must be approved no later than the end of **September**.

It is your responsibility to ensure that all of these steps are completed appropriately!

Student Signature and Date

Associate Dean for Student Affairs
Assistant Dean for Clinical Sciences

USUHS Form 6032