

# FOURTH YEAR SCHEDULE

2013 – 2014

Name

Service

Block	Dates	Course Title (from Catalog)	Course Number	Site
	06/17/13 – 06/21/13	<b>INTERSESSION</b>		USU
	06/22/13– 07/07/13	<b>SUMMER LEAVE</b>		
1	07/08/13 – 08/02/13			
2	08/05/13 08/30/13			
3	09/03/13 – 09/27/13			
4	09/30/13 – 10/25/13	<b>MCM</b>		USU/Fort Gap
5	10/28/13 – 11/22/13			
	11/25/13 – 12/13/13	<b>INTERSESSION</b>		USU
	12/14/13 – 01/05/14	<b>WINTER RECESS</b>		
6	01/06/14 – 01/31/14			
7	02/03/14 – 02/28/14			
8	03/03/14 – 03/28/14			
9	03/31/14 – 04/25/14			

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 4130). **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.** (Fax) 301-295-1967
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 first, second, and third 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**