

COLLEGE OF HEALTH RELATED PROFESSIONS

State University of New York Downstate Medical Center
450 Clarkson Avenue, Box 1227, Brooklyn, NY 11203-2098

APPLICATION FORM
International Women's Health Policy Course

Applying for the course offered in **YEAR** _____

PLEASE TYPE OR PRINT LEGIBLY

Social Security Number: _____

Last Name: _____	First Name: _____	Middle: _____
If you have educational records under a different name, give former name(s): _____		
Home Phone: () _____	Business Phone, if employed: () _____	
e-mail address: _____		
Mailing Address: Street: _____		Apt. #: _____
City: _____	State: _____	Zip Code: _____ Country (if not USA): _____
Emergency Contact: Name: _____		Phone #: () _____
Street: _____	City: _____	State: _____ Zip: _____

Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other; specify visa category (F-1, H-1, etc.) _____
If you have a valid passport, indicate: Passport # _____ Date of Issue: _____ Place of Issue: _____
If you are <u>not</u> a US citizen, indicate country of citizenship: _____
Length of Residence in New York State (Years) _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Place of Birth: _____ Date of Birth: _____ City/State/Country (if not USA) Month/Day/Year
If you wish to identify yourself as a member of an ethnic/racial group, please indicate: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other _____

AMERICAN COLLEGE OF NURSE-MIDWIVES CERTIFICATION # _____
STATE MIDWIFERY LICENSE # _____

EDUCATION: List in reverse chronological order (starting with most recent) ALL undergraduate and graduate institutions attended, irrespective of how long ago you attended:					
Institution	Location/State	Dates of attendance	# of Credits Completed/ In Progress /Projected	Overall GPA	Degree & Date

From what sources were you made aware of this college/program? (Number in rank order, if possible)
 College Brochure College Transfer Counselor College Faculty Member Person in Field
 College Fair/Transfer Program Relative/Family Member Other (specify) _____

In 500 words, explain your interest in the host country's health policy and your plans for the application of knowledge acquired by enrolling in this program. TYPE OR PRINT LEGIBLY. LIMIT YOUR COMMENTS TO THIS PAGE AND THE FOLLOWING ONE.

List any honors you have received (include honorary societies):

List professional organization memberships (include offices held):

List any community activities in which you have participated:

Are you presently a full-time student? Yes No If NO, please describe your current activities:

Were you ever required to leave high school or college or denied readmission for any reason? Yes No
If YES, please attach a sheet with an explanation.

Except for minor traffic violations, were you ever convicted of any violation of the law? Yes No
If YES, please attach a sheet with an explanation.

If your education to date has not been continuous, indicate what you have done while not in school.

EMPLOYMENT HISTORY (List most recent position first)

Date (from/to)	Employer	Location	Title	No. of hrs/week (if part-time)

Indicate the names of your professional references.

Name:	Program/Department	Title:
Name:	Program/Department	Title:
Name:	Program/Department	Title:

Military experience

Date of entry:	Date of discharge:	Branch of Service:
Highest rank:	Months of active duty:	Type of duty:

I understand that completion of this form does not constitute a completed application and that I must also submit official transcripts of all colleges attended, a letter of support from a program director or department chair, two other reference letters and the required application fee. I certify that the information here is complete and correct to the best of my knowledge. (WAIVED)

Signature of Applicant

Date

PLEASE RETURN TO: SUNY Downstate Medical Center, BOX 1227, 450 CLARKSON AVE., BROOKLYN, NY 11203

Admission to SUNY Downstate Medical Center is based on the qualifications of the applicant. The State University of New York Downstate Medical Center does not discriminate on the basis of race, sex, color, creed, age, national origin, disability, sexual orientation, religion, marital status or status as a disabled veteran or veteran of the Vietnam era. Responses on this application to questions of race, sex, and date of birth are voluntary and are used for statistical purposes only.

Committee Action: Accept:
 Alternate:
 Reject:

Date

Signature