STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER MIDWIFERY EDUCATION PROGRAM INTERNATIONAL HEALTH POLICY PROGRAM SUNY DOWNSTATE STUDENTS APPLICATION CHECKLIST

2018

Name:

Application Background Check completed/copy attached Letter of support from International Project Director Photocopy of the first page of your passport Health Statement for Visiting Students Permission for Emergency Treatment Travel Release Flight Information St. George's University of London: Personal Details Form Curriculum Vitae (CV)

Enclosed is my application. I will pay the applicable tuition; college fee; and medical, repatriation, evacuation insurance fees to the bursar.

3 graduate credits: International Women's Health Policy

Pavable to SUNY Downstate: N.Y.S. residents \$453.00 per credit (summer charges) Non-residents \$925.00 per credit (summer charges) Additional charges may be found at http://sls.downstate.edu/bursar/tuition_fees.html *Health/Accident/Medical Evacuation/Repatriation: (monthly) \$52.31; (up to 16 day rate) \$29.07

* The SUNY sponsored Health/Accident/Medical Evacuation/Repatriation insurance is mandatory and cannot be waived.

In addition, I agree to make all travel arrangements on my own, pay for the airfare, and obtain all necessary travel visas, if applicable.

If I withdraw from the program for any reason I will be entitled to a refund or will be liable for payment of SUNY tuition as follows:

Withdraw during:	Refund	Liability
the first day of program	100%	0%
day 2 and after	0%	100%

In the unlikely event that the program is canceled, I will receive a full refund of fees.

Signature:	Date:	

Return to:

SUNY Downstate Medical Center Midwifery Education Program 450 Clarkson Avenue, Box 1227 Brooklyn, N.Y. 11203-2098 Attention: Aleida Llanes-Oberstein, CNM, LM, MS, FACNM, CHSE **Clinical Associate Professor** International Project Director

CHECKLIST SUNY Downstate Students