

**STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER
MIDWIFERY PROGRAM
INTERNATIONAL HEALTH POLICY PROGRAM
SUNY DOWNSTATE STUDENTS APPLICATION CHECKLIST
2019**

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

Payable 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) \$46.92; (up to 16 day rate) \$25.38; \$1.72 (Daily Rate)

* 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	
day 2 and after	100%
	0%

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, MSC 1227
Brooklyn, N.Y. 11203-2098
Attention: Aleida Llanes-Oberstein, CNM, LM, MS, FACNM, CHSE
Clinical Associate Professor
International Project Director**