



SUNY
DOWNSTATE
Medical Center

**APPLICATION FOR THE SCHOOL OF PUBLIC HEALTH'S GLOBAL HEALTH
ELECTIVE, PUBH 4540, HEALTH CARE IN DEVELOPING COUNTRIES**

Please submit completed application to Ms. Lois Hahn in the Public Health office (Room B4-318) or fax to (718) 270-2533 or e-mail to lois.hahn@downstate.edu. If you have any questions please contact our office at (718) 270-1056.

NAME _____ SEX: M ☐ F ☐
(Last) (First) (MI)

DEGREES OBTAINED TO DATE _____

HOME ADDRESS _____

HOME TELEPHONE # _____ CELL PHONE # _____

YEAR OF GRADUATION FROM MEDICAL SCHOOL _____

COUNTRY PREFERENCE FOR ELECTIVE _____
(Current existing sites – Dominican Republic, India, Thailand)

PROPOSED ALTERNATIVE SITE (if securing alternate approved site):

Name of Overseas Preceptor _____

Address of Overseas Preceptor _____

PLEASE NOTE THAT THE NUMBER OF AVAILABLE SLOTS AT OVERSEAS SITES IS LIMITED. IN ORDER TO ASSIST THE COMMITTEE IN THE SELECTION PROCESS, PLEASE PROVIDE A 200-WORD PERSONAL STATEMENT AS DESCRIBED BELOW.

PERSONAL STATEMENT: OUTLINE YOUR REASONS FOR: (1) WISHING TO PARTICIPATE IN THIS ELECTIVE; (2) WHAT YOU THINK YOU WOULD BRING TO THIS ELECTIVE; AND (3) WHAT YOU WOULD HOPE TO GAIN FROM THIS ELECTIVE.

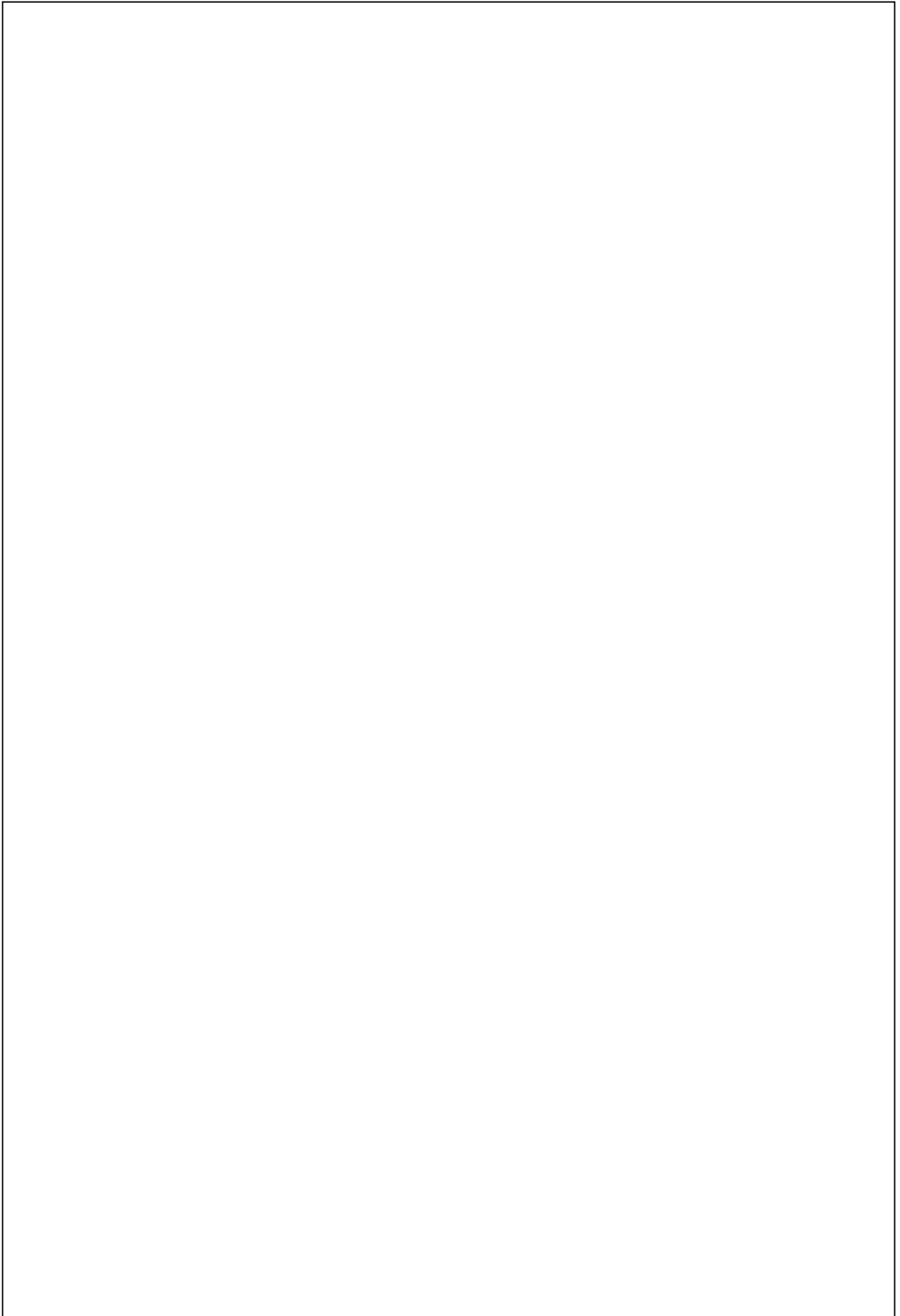
(PLEASE BEGIN YOUR PERSONAL STATEMENT ON THE NEXT PAGE.)

PRINT NAME

SIGNATURE

DATE

NAME : _____

A large, empty rectangular box with a thin black border, occupying the majority of the page below the name field. It is intended for a drawing or a detailed response.