



**APPLICATION FOR THE SCHOOL OF PUBLIC HEALTH'S ELECTIVE  
PUBH 4540: GLOBAL HEALTH 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](mailto:lois.hahn@downstate.edu). If you have any questions please contact our office at (718) 270-1056.

NAME \_\_\_\_\_ SEX: ☐ M ☐ F  
(Last) (First) (MI)

HSCB Box # \_\_\_\_\_ 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, Guatemala, India, Taiwan, 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 PERSONAL STATEMENT OF 500 WORDS OR MORE 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:**