

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

Please submit completed applications to Ms. Catherine Seelig in the School of Public Health (PHAB 5-034) or e-mail to catherine.seelig@downstate.edu. If you have any questions please call (718) 270-1056 or 804-7827.

NAME				SEX:	□M	□F
	(Last)	(First)	(MI)			
Degrees Obt	ained to Date					
HOME ADDR	RESS					
HOME TELEF	PHONE #		CELL PHONE #			
YEAR OF GR	ADUATION FROM MED	OICAL SCHOOL				
	REFERENCE FOR ELECT sting sites – Costa Rica		land)	_		
PROPOSED /	ALTERNATIVE SITE (if	securing alternate ap	proved site):			
Name of Ove	erseas Preceptor					
Address of C	Overseas Preceptor					
TO ASSIST	TE THAT THE NUMBER THE COMMITTEE IN T OF 500 WORDS O	N THE SELECTION	PROCESS, PLEASE			
PERSON/	AL STATEMENT:	OUTLINE YOU	JR REASONS F	OR: (1)	WISH:	ING TO
PARTICIPA	ATE IN THIS ELECT	TIVE; (2) WHAT Y	OU THINK YOU	WOULD E	RING	TO THIS
ELECTIVE;	; AND (3) WHAT YO	OU WOULD HOPE	TO GAIN FROM	THIS ELEC	CTIVE.	
PLEASE	SUBMIT YOUR PERSO	NAL STATEMENT ON	A SEPERATE PAGE	(IN MS-WO	rd fori	ИАТ).
DDTN	TNAME	STGNATUR	F		DAT	 F