

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 us at (718) 804-7827 or (718) 270-1056.

NAME				SEX: □ M	□F
	(Last)	(First)	(MI)		
Degrees Obt	cained to Date _				
HOME ADDR	RESS				
HOME TELER	PHONE #		CELL PHONE #_		
YEAR OF GR	ADUATION FROM	1 MEDICAL SCHOO)L		
COUNTRY PR (Current existir	EFERENCE(S) FOR ng sites – Costa Rica	ELECTIVE(Spanish-speaking), I	ndia, Taiwan, Thaila	ınd)	_
PROPOSED ALT	TERNATIVE SITE (if	securing alternate app	roved site):		
Name of Overs	seas Preceptor				
Address of Ove	erseas Preceptor				
TO ASSIST T	HE COMMITTEE IN	OF AVAILABLE SLOT N THE SELECTION F R MORE AS DESCRI	PROCESS, PLEASE		
PARTICIPAT	E IN THIS ELECT	OUTLINE YOU TIVE; (2) WHAT YOU OU WOULD HOPE	OU THINK YOU	WOULD BRING	TO THIS
PLEASE SUBM	MIT YOUR PERSON	NAL STATEMENT ON	A SEPERATE PAG	E IN MS-WORD	FORMAT.
PRINT	NAME	SIGNATI	JRE	DA ⁻	 ГЕ