***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***To students:*** *Please provide the additional requested information and submit this form along with your general application.* ***All sections are required. This form is to be completed by students applying to the Scholarly Concentrations in Global Health ONLY.***

*For support/questions please contact* *ann.dowsey@stonybrook.edu* *(444-9547),* *rhonda.kearns@stonybrook.edu* *(444-1025), or* *caroline.lazzaruolo@stonybrook.edu* *(638-2005) in the Office of Undergraduate Medical Education.*

|  |
| --- |
| 1. **Foreign Mentor and Institutional Affiliation:**
 |
|  |
| 1. **Budget (Please Include a budget specifying your anticipated costs for travel and living expenses. Consult budget guidelines in the program details pages.)**
 |
|  |
| 1. **Health insurance that covers illnesses and medical emergencies including evacuation at foreign site (required):**
 |
|  |
| 1. **Please provide a short description of your international site:**
 |
|  |

**Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**