***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*](mailto:ann.dowsey@stonybrook.edu) *(444-9547),* [*rhonda.kearns@stonybrook.edu*](mailto:rhonda.kearns@stonybrook.edu) *(444-1025), or* [*caroline.lazzaruolo@stonybrook.edu*](mailto:caroline.lazzaruolo@stonybrook.edu) *(638-2005) in the Office of Undergraduate Medical Education.*

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| --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**