



# ProHealth in Belize:

## An International Health Care Experience

MARCH 12-21, 2010

**HON 4280** (3 credits)

**HON 4990** (1-3 Credits)

**Cost:** \$2,850 plus tuition.

(Program fees may change due to unexpected increases in airline surcharges and exchange rate fluctuations. If this occurs, those fees will be passed on to program participants.)

# WAYNE STATE UNIVERSITY

Study Abroad & Global Programs

905 W. Warren • 131 Manoogian • Detroit, MI 48201 • Phone: (313) 577-3207 • Fax: (313) 577-7687

## PROGRAM APPLICATION

*To apply to this program, please fill out this application, attach an unofficial transcript and submit it with a \$25 application fee made payable to Wayne State University.*

Winter Semester

10

Belize

### Applicant Information:

<input type="checkbox"/> Mr.	Preferred First Name/Nickname	Last Name	Full Legal Name (as on passport)
<input type="checkbox"/> Ms.			

Current Address

City	State/Province	Postal Code	E-mail <small>*Most correspondence from our office will be via e-mail. Please list one you check regularly.</small>
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Phone	Alt. Phone	Country of Citizenship **
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**\*\*Please note:** If you are not a US Citizen, it is your responsibility to obtain a visa to enter the country you will be visiting. Not all programs require a visa so check online or with an advisor if you are uncertain.

Are you <b>currently</b> a WSU student? <input type="radio"/> Yes, my WSU PID # is: _____ <input type="radio"/> No, I have never attended the university. <input type="radio"/> No, my last class was in _____ (MM/YYYY). <input type="radio"/> No, my current institution is: _____	Status during program: <input type="radio"/> Freshman <input type="radio"/> Post Bachelor <input type="radio"/> Sophomore <input type="radio"/> Masters <input type="radio"/> Junior <input type="radio"/> Doctoral <input type="radio"/> Senior <input type="radio"/> Other Professional	Current GPA: _____ Are you in the Honors Program?      Y      N Are you a DCE Student?                      Y      N
Race/Ethnicity <small>*For statistical purposes only; does not affect program eligibility. If you are multi-racial, please choose the one you identify with most.</small> <input type="radio"/> Hispanic <input type="radio"/> Asian or Pacific Islander (API) <input type="radio"/> White (Non-Hispanic) <input type="radio"/> American Indian, Eskimo or Aleut(AIEA) <input type="radio"/> Black (Non-Hispanic)	Date of Birth (MM/DD/YYYY)	Gender M      F

### Emergency Contact: Please list who should be notified in case of emergency

Name	Relationship to you
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Current Address

City	State/Province	Postal Code
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Home Phone	Work Phone	Cell Phone	Fax (optional)
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E-mail

### References: Please list the names, telephone numbers, and e-mail addresses of two references who may be contacted regarding your application

Name	Phone	E-mail
Name	Phone	E-mail



## Personal Statement

Please use the space below to include a personal statement on what experience you hope to gain from this Study Abroad program. The 250-word statement must be typed in the space provided, signed, dated and submitted with your application. *Your statement must be submitted on this form.*

Please Note: *If you are not an honors student, in addition to submitting this Personal Statement, you must contact Liza Sperl to set up an interview to attend this program. She can be reached at (313) 577-3030 or by e-mail at ab8898@wayne.edu.*

Name: \_\_\_\_\_ WSU Access ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_