

## Application for Global Health Graduate Summer Program

### Instructions

All of the following materials must be submitted before your application will be processed:

\_\_\_ **Application Form**

\_\_\_ **Official Transcript:** Submit one original official (sealed) transcript of your BA degree

\_\_\_ **Undergraduate Diploma:** Submit a copy of the undergraduate diploma from the institution of higher education attended (if you have not completed your studies the official transcript of your previous grades accomplished is sufficient).

\_\_\_ **Medical Form**

\_\_\_ **Application Fee:** A personal, bank, or traveler's check in the amount of US \$80.00 and made payable to *The University of Haifa* needs to be included with the application. The fee can be paid in Euro or Israeli shekels for the equivalent amount.

**Deadline for application submission is on:** May 15\*

\*We are happy to consider late applications on a space-available basis.

Upon completion, all materials should be sent together to:

Admissions Office  
International School  
University of Haifa  
199 Abba Hushi Blvd  
Mount Carmel, Haifa 3498838  
Israel

# Global Health Graduate Summer Program

## A. Introductory Information

Housing:

Single Room       I do not need campus housing

**Please indicate all the courses you are applying to:**

Lead & Management of International Orgs. (3 cr)     Sexual & Reproductive Health (2 cr)  
 Sociology of Health & Illness (2 cr)                       Global Health Systems (3 cr)  
 Community Health (3 cr)                                       Psych/Behav Factors in Global Health (2 cr)

\*\*Please note that you are permitted to enroll in up to 13 credit hours

**Please type or print clearly:**

Name (first, middle, last): \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Circle one: Male Female

Permanent Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Permanent Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Current Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Address and Phone Good Until: \_\_\_\_\_

E-mail: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Israeli ID Number (where applicable): \_\_\_\_\_

Passport Number(s): \_\_\_\_\_

Countries of citizenship: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Were either of your parents born in Israel?     Father  Mother  No

Are either of your parents Israeli citizens?     Father  Mother  No

## B. Education

Colleges and/or University(s) attended (list the most recent first):

| Name of University and location | Degree and field | Dates attended |
|---------------------------------|------------------|----------------|
| _____                           | _____            | _____          |
| _____                           | _____            | _____          |
| _____                           | _____            | _____          |
| _____                           | _____            | _____          |

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

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If you are currently enrolled in a university program, please indicate:

Expected graduation date: \_\_\_\_\_

If you have physical or learning disabilities and will require accommodations to complete your course assignments, please submit official documentation verifying the nature of your disability and supporting your specific request.

**C. Emergency Contact Abroad**

Contact #1:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Contact #2:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Emergency contact in Israel (If available)**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**D. Activities and Employment**

Please list any recent jobs:

| Position | Place of Employment | Dates |
|----------|---------------------|-------|
| _____    | _____               | _____ |
| _____    | _____               | _____ |
| _____    | _____               | _____ |
| _____    | _____               | _____ |
| _____    | _____               | _____ |

**E. Language Proficiency**

Indicate your language proficiency (scale: mother tongue, excellent, good, fair, poor, or none)

| Language | Speaking | Reading | Writing |
|----------|----------|---------|---------|
| English  |          |         |         |
| Hebrew   |          |         |         |

**F. If you have taken a TOEFL test please attach a copy of your official TOFEL scores.**

### **G. Additional Information**

How did you find out about the program? (check all that apply)

- A friend told me about the program
- I met your representative at: \_\_\_\_\_
- I saw an advertisement for the program in a newspaper or magazine. Name of publication: \_\_\_\_\_
- A professor or advisor recommended the program
- I saw the International School's website
- I found the program listed on another web page. Specify: \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

You may release my name, address, phone number, and e-mail to other students accepted to University of Haifa study abroad programs  yes  no

You may release my name, address, phone number, and e-mail to organizations or individual students who request information about Haifa University students, at your discretion  yes  no

### **H. Terms and Conditions**

1. I understand that upon my admission to the University of Haifa, my signature on this application form constitutes an agreement between myself and the University as to the terms of my compliance with all University regulations as well as the decisions of the University authorities.
2. The University will not be liable for any accident caused to me, and I hereby waive and release the University and its respective officers, employees and agents from any and all claims for any injury, damage, loss or expense arising from
  - a. the acts of any officer, employee or agent of the University, of any participant in the Program, or any other person, firm or corporation; or:
  - b. any illness or accident suffered by me, whether the injury, damage, or loss or expense occurs during the period of my participation in the Program or while I am in transit between my home and the University.

**Note:** Students in the International School, like any other University of Haifa students, are insured by the University of Haifa against damage caused by negligent acts or omissions on the part of the University of Haifa or its employees, sustained either on the grounds of the University of Haifa, or while participating in activities initiated by the University of Haifa, even if they are outside the grounds of the University.

3. The University is not liable for any loss or damage to my property. Therefore it is recommended that I arrange in advance of my departure, adequate insurance coverage for theft, loss or damage to any personal belongings of material value which I may take with me.
4. All students in the International School must have a valid health insurance policy for the duration of their studies in Israel. The University of Haifa provides students with an Israeli health insurance for their period of study. If a student does not qualify for the Israeli health insurance, then the student must arrange health insurance independently. This policy may be an extension of the student's family health coverage or a policy issued by the student's home university, but must be valid for Israel.
5. I am aware of and accept the University regulations prohibiting the possession, use, sale or transmission of marijuana, hashish, or any other illicit drugs or narcotics. I understand that any student found guilty of such may be subject to unconditional dismissal from the University, without any recourse.

I certify that the information given on this application is correct to the best of my knowledge.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Examination Form**

**Part 1: To be completed by applicant**

Student's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Passport #: \_\_\_\_\_

**Medical History:** Please check all that apply and include dates

\_\_\_\_\_ Heart Disease (including Rheumatic Fever) \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Gastrointestinal Disease (including ulcer) \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Liver Disease \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Kidney Disease \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Mental Disease (including depression) \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Neurological Disease (including epilepsy) \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Lung Disease (including asthma) \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Diabetes \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Tuberculosis \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Anemia \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Hernia \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Hypertension \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Eating Disorder \_\_\_/\_\_\_/\_\_\_

Other diseases not listed above (including dates): \_\_\_\_\_

Detail major operations and/or hospitalizations (including dates): \_\_\_\_\_

Detail all allergies and drug reactions: \_\_\_\_\_

**Applicant's Statement:**

I hereby certify to the best of my knowledge that the above medical information is correct. I understand that any illness suffered prior to arriving in Israel that has not been described on this medical form may result in my return to my country of origin at my own expense, or result in my treatment in Israel at my own expense. I affirm that I am not addicted to illegal substances (such as narcotics) and I understand that my use of such illegal substances may be grounds for my dismissal from the International School and the University of Haifa.

*\*Note to applicant: If the answer is "yes" to any of the questions on page 3, please provide us with a letter of explanation from your therapist or psychiatrist. This information will be treated confidentially.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or Guardian (for under 18's): \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Examination Form**

**Part 2: To be completed by a licensed physician who is not related to applicant**

Student's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Passport #: \_\_\_\_\_

**Notes to the Examining Physician:** Your medical report is necessary for our evaluation of the student's application. Any applicant who has been under the care of a specialist must submit a detailed report giving complete diagnosis, prognosis, and evaluation. If any changes arise in the applicant's condition within 10 days before departure, please submit an explanatory medical letter. This information will be treated confidentially.

**Physical Health**

|                   | Normal | Abnormal | Describe Abnormality |
|-------------------|--------|----------|----------------------|
| Hearing           | _____  | _____    | _____                |
| Vision            | _____  | _____    | _____                |
| Chest, Lungs      | _____  | _____    | _____                |
| Heart             | _____  | _____    | _____                |
| Vascular System   | _____  | _____    | _____                |
| Abdomen           | _____  | _____    | _____                |
| G.I. System       | _____  | _____    | _____                |
| G.U. system       | _____  | _____    | _____                |
| Upper Extremities | _____  | _____    | _____                |
| Lower Extremities | _____  | _____    | _____                |
| Spine             | _____  | _____    | _____                |
| Nervous System    | _____  | _____    | _____                |
| Mental State      | _____  | _____    | _____                |

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

**Current Medications:**

| Generic Name: | Dosage: | Purpose: |
|---------------|---------|----------|
| _____         | _____   | _____    |
| _____         | _____   | _____    |
| _____         | _____   | _____    |
| _____         | _____   | _____    |

**Mental Health**

Is the individual currently involved in psychological therapy of any kind? \_\_\_\_\_

If so, with whom?    \_\_\_ Psychiatrist            \_\_\_ Psychologist  
                                 \_\_\_ Counselor                \_\_\_ Social Worker

Is there any history of psychological or psychiatric care? If yes, give dates:  
\_\_\_\_\_

Has the applicant ever been advised to seek counseling, psychotherapy, or psychiatric care?  
If yes, please explain circumstances.  
\_\_\_\_\_

Has the applicant ever dealt or currently dealing with eating disorders? If Yes, please explain.  
\_\_\_\_\_

Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_

*\*Note to applicant: If the answer is "yes" to any of the above questions, please provide us with a letter of explanation from your therapist or psychiatrist. This information will be treated confidentially.*

**Physician's Statement**

1. I have read the "Notes to the Examining Physician" on the first page of the Medical Form and thereafter examined \_\_\_\_\_. The results I have recorded represent, to the best of my knowledge, the applicant's medical history and my examination results. I understand that the program organizers in Israel rely on my report. In my opinion, the applicant is physically, mentally, and emotionally capable of studying at the University of Haifa.

\_\_\_ Yes \_\_\_ No

If no, please explain: \_\_\_\_\_

2. I recommend full physical activity.            \_\_\_ Yes            \_\_\_ No

If no, please explain: \_\_\_\_\_

3. I recommend certain restrictions.            \_\_\_ Yes            \_\_\_ No

If yes, please explain: \_\_\_\_\_

4. The applicant can withstand certain changes in diet from which s/he is accustomed.

\_\_\_ Yes \_\_\_ No            If no, please explain: \_\_\_\_\_

Physician's name (please print or type): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

License Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Stamp and signature of physician:** \_\_\_\_\_