

**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:

Global Strategies for Maternal/Child Health (3 cr) Sexual & Reproductive Health (2 cr)
 Sociology of Health & Illness (2 cr) Global Health Systems (3 cr)
 Practicum/Internship (3 cr or 6 cr Circle one) Managing Health Communications (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: _____

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: _____