

Clinical Immersion: Philippines
Application

Directions: Please complete this application and submit to Dr. Baerwald or Dr. Moretti by February 1, 2012. Feel free to continue any responses on another sheet of paper if there isn't enough room.

First Name: _____ Last Name: _____

Date: ____/____/____ Email Address: _____

How many quarter units have you completed: _____ units

Have you fulfilled all of the course requirements for this experience? ____ [Y] ____ [N]

Why do you want to take this class?

If you have travelled abroad, how did you find the experience?

What concerns, if any, do you have about this type of learning experience?

What do you think your own personal challenge(s) will be when you anticipate traveling and living in the Philippines?

Do you have any medical or dietary needs that we should know about?

What is the one thing you want to gain from this experience?

Are you able to meet the financial cost of this trip or will you be applying for scholarship money?

Anything else that you want to add?

Signature

___/___/___
Date