

Global Health Curriculum Application

For a complete application, you must include the following materials:

- Application and program of study form
- Updated resume
- Statement of interest
 - Please provide a brief statement (1-2 paragraphs) explaining why you are interested in pursuing the global health curriculum.

Once you have completed your application (including all three required materials), please send the materials as one document via email to Keith Partyka, Academic Advisor of the Global Health Program. If you have trouble sending an electronic copy, you may contact Keith for other arrangements.

Contact Information:

Keith Partyka, MSW Academic Advisor Global Health Program 312-355-3219 Kpartyka@uic.edu

The Global Health Curriculum offers admission for the fall and spring terms. All application materials must be received by the deadline date to be considered for the intended term. Please note that your expected graduation date may be no sooner than the semester immediately following the date when your application is submitted and approved.

Fall Deadline	Spring Deadline
October 1	February 1



Global Health Curriculum Application

Name: Last	First	
UIN#	UIC E-Mail Address	Alternative Email Address
Home Address		
Telephone		
	oublic Health degree program: MS ☐ MPH [triculated: Semester	Academic Division Year
Expected	l graduation date: Semester	Year
	pected graduation date may be no n this application is submitted and	sooner than the semester immediately following the approved.
Academic Advis Name	sor: Email	
Campus	Address Campus Tel	•
_	ary: (Note: Courses need not b 9: Global Public Health Challer	* * ·
IPHS 410	o: Global Public Health Solution	ns (3sh) Semester/Year:
Elective:	Semester/Year:	
materna	eld experience: (Please briefly d l health, youth, etc.), the term y i.e., local, national, internation	escribe ideas for your field experience (HIV, ou intend to conduct it, and your preferred ial.)
MS Thes	is: (Please briefly describe the រុ	global health research component of your thesis.)
Signatures		
Student:		Date
Academic Adviso	r:	Date

Please return signed form with all application materials to Keith Partyka (<u>Kpartyka@uic.edu</u> or 312-355-3219), SPHPI, Room 1114, 1603 W. Taylor Street, Chicago, IL, 60612.