



# Global Health Program

E-mail [globalhealth@usfq.edu.ec](mailto:globalhealth@usfq.edu.ec)

Phone (593) 2 297 1700 ext. 4023

## International Student Application Form

Please complete this application form and send the requested documents electronically to [globalhealth@usfq.edu.ec](mailto:globalhealth@usfq.edu.ec):

- Copy of your international medical insurance
- Copy of your official transcript
- 2 academic letters of recommendation
- Color copy of the photo page of your passport
- Essay (1 page) detailing your reasons for choosing your selected program

*Please include a recent photo of yourself here.*

I am applying for the following program (choose one):

- |  |                            |
|--|----------------------------|
| <input type="checkbox"/> Clinical Clerkship (last year medical students) | Dates <input type="text"/> |
| <input type="checkbox"/> Primary Care - Clinical Clerkship               | Dates <input type="text"/> |
| <input type="checkbox"/> Community Medicine (pre-med)                    | Dates <input type="text"/> |
| <input type="checkbox"/> Fall or Spring academic semester                | Dates <input type="text"/> |

## Personal Information

Full name (as it appears on passport):

Address:

City/State  Country:  Phone:

Date of birth:  E-mail:

Gender:  M  F      Citizenship:       Passport Number:

Emergency Contact Person:  Phone:

Do you have any diagnosed health problem or allergy?  Yes  No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Academic Information

University name:

Contact person at university (include e-mail):

Major/minor:

GPA:  Year of enrollment:  Expected graduation year:

How would you describe your Spanish language ability? Please indicate your level in speaking, writing, and reading in Spanish.

*Beginner*     *Intermediate*     *Advanced*     *Fluent*

Speaking ability:

Writing ability:

Reading ability:

## International Health Experience

Do you have any previous international experience in the health sciences?     Yes     No

If yes, please detail them here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Host Family Information\*

Would you like to stay with an Ecuadorian host family:     Yes     No

If yes, indicate your preference (check as many as you like):

With young children     With university-aged children     No children     Pets     No Pets

Do you smoke:     Yes     No

Would you mind living with people who smoke (only outside the house)? :     Yes     No

Do you have any dietary restrictions or preferences?

Vegetarian     Vegan     Lactose intolerance     Allergies/other

Please describe: \_\_\_\_\_

\_\_\_\_\_

If you choose to stay with a host family, a form will be provided for more detailed information.

**\*Host Families are pre-qualified by USFQ to offer their host service with a reasonable standardized cost.**



## Flow-Chart of Application Process

