**Application for Summer 2023 Quito, Ecuador Course
Social, Environmental, and Cultural Determinants of Health
Travel dates: May 13–26, 2023**

**Part A: Application**

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| **Full Name** | Click here to enter name. | **Date of Birth** | Click here to enter date. |
| **Email Address** | Click here to enter email. | **Internet ID (x.500)**  | Click here to enter x.500. |
| **Phone Num** | Click here to enter phone number. | **Student ID number** | Click here to enter Student ID. |
| **School/College & Degree(s) Seeking:** | **Adviser for this degree:** |
| Click here to enter School & Degree #1. | Click here to enter Adviser #1 Name. |
| If applicable, click here to enter School & Degree #2. | If applicable, click here to enter School & Degree #2. |

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| **Personal Statement***In 300 words or less, describe why you selected this program and how it suits your academic and professional goals.* |
| Click here to enter your personal statement. |

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| **Global Experience***Please describe your previous international and domestic-global experience.* |
| Click here to enter your global experience. |

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| **Scholarship Application** A limited number of scholarships are available. |
| [ ]  I wish to apply for a scholarship. |
| *Statement of Need - In 150 words or less, provide a statement of financial need and explain how receiving this scholarship would address that need. If you are receiving other financial support for your participation, please indicate the source and the amount expected.* |
| Click here to enter statement of need. |

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| **Additional Statement***If you have been instructed to do so by CGHSR, please provide additional details here.* |
| Click here to enter your additional statement. |

**Part B: Academic Planning (UMN students)**

***This section is for University of Minnesota students. If you are not a UMN student, please skip to part C.***

Having a documented conversation with your advisers as part of your application process will help you make a more informed decision about how the program fits into your academic plan and will provide you with a record of the decisions made.

**Instructions for adviser/coordinator involvement:**

1. You are required to discuss this application with the appropriate people (e.g., advisers, coordinators, etc.) for the program(s) in which you are enrolled.
	* SPH students should discuss this application with their academic adviser and their program coordinator.
	* Medical Students should discuss their options for participating with the GMER coordinator, Shannon Benson
	* Dental Students should discuss this with Karin Quick
	* Remaining students should at a minimum discuss this with their academic adviser and, if applicable, advisors for global programs.
2. After you have completed Part A, provide a copy to people listed above.
3. Schedule a time to meet with each adviser, or retain documentation of email discussion.
4. Fill out the sections below to document discussions and decisions made.

Document the discussion date and relevant comments of each adviser in the following sections.

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|  | **Academic Plan** *Indicate how your chosen program(s) fits into your academic plan. If applying experience to academic credit, indicate the course number and number of credits for which you will be registering. See program website for more information.* |
| **Social, Environmental, and Cultural Determinants of Health| May 14–26, 2023** | Click here to enter text. |

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| **Adviser/Coordinator #1** |
| **Full Name** | Click here to enter adviser name. | **Title, School/College** | Click here to enter adviser title & school |
| **Email** | Click here to enter adviser email. | **Date of discussion with adviser** | Click here to enter date. |
| **Adviser comments:** | If applicable, click here to enter adviser comments. |

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| **Adviser/Coordinator #2 – If applicable** |
| **Full Name** | Click here to enter adviser name. | **Title, School/College** | Click here to enter adviser title & school |
| **Email** | Click here to enter adviser email. | **Date of discussion with adviser** | Click here to enter date. |
| **Adviser comments:** | If applicable, click here to enter adviser comments. |

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| **Adviser/Coordinator #3 – If applicable** |
| **Full Name** | Click here to enter adviser name. | **Title, School/College** | Click here to enter adviser title & school |
| **Email** | Click here to enter adviser email. | **Date of discussion with adviser** | Click here to enter date. |
| **Adviser comments:** | If applicable, click here to enter adviser comments. |

**Part C: Professional Experience (Non-UMN Students)**

***This section is for community learners, alumni, faculty/staff, and other non-UMN students. If you are a University of Minnesota student, please skip to part D.***

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| **Affiliation** *Please indicate if you are a University of Minnesota alum, faculty, staff, or non-UMN-affiliated community learner* |
| Click here to enter your personal statement. |

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| **Professional Description***Please describe your job title, employer, and a short job description* |
| Click here to enter your personal statement. |

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| **Interest Statement***This course is primarily targeted at University of Minnesota students. Please indicate what you hope to gain in this program from participating alongside students.*  |
| Click here to enter your personal statement. |

**Part D: Applicant Signoff**

For this course, students must arrive in Quito on May 13, 2023 and remain through May 26, 2023. There is also a pre-departure orientation in April to review travel logistics, and a post-course debrief session in summer or fall 2023 (dates TBD).

[ ]  **I confirm that the information in this application is accurate. By submitting this application, I confirm that I will be available to participate in the course on these dates.**

**Initials:**  **Date:**

**Once compete, upload this application on the online Google Form at** [**z.umn.edu/QuitoApp2023**](https://z.umn.edu/QuitoApp2023)

**Program details at:** [**globalhealthcenter.umn.edu/ecuador**](http://globalhealthcenter.umn.edu/ecuador)