## **City University of New York - Graduate School of Public Health and Health Policy**

## **International COMBI Course, June 10 – June 21, 2024**

## **Application Form**

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| 1. Applicant Information |
| |  |  |  |  | | --- | --- | --- | --- | | Full Name: |  |  |  | |  | Last | First | Middle | | Your Personal Primary Address: |  |  |  | |  | Street Address |  |  | |  |  |  |  | |  | City/Town | State/Province | Country and ZIP/Post Code | | Phone Contact: | ( ) | Passport/ID Number: |  |   E-Mail Address:   |  |  | | --- | --- | | Position/Title: |  | |  |  | |
| |  |  | | --- | --- | | Organisation: |  | |
| |  |  |  |  | | --- | --- | --- | --- | | Organization Address: |  |  |  | |  | Street Address |  |  | |  |  |  |  | |  | City/Town | State/Province | Country and ZIP/Post Code | |
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| 2. Motivation to Join the CUNY SPH COMBI Course |
| **Please write a short paragraph as to why you want to join the course and why you should be selected to participate in the CUNY SPH COMBI Course.** |

Please submit to: Dr. Everold Hosein via email – [Everold@gmail.com](mailto:Everold@gmail.com)

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