## **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 |
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| --- | --- | --- | --- |
| 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: |  |
|  |  |

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| --- | --- |
| Organisation: |  |

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| --- | --- | --- | --- |
| 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

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