**APPLICATION FORM**

**2019 CAL STATE MEDICAL ANTROPOLOGY**

# ACADEMIC INFORMATION (TO BE COMPLETED BY THE PARTICIPANT)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | Gender: | F | | M | Age: | |  | Date of birth: | y | m | d |
|  |  | |  |  | |  |  | |  |  |  |  |  |
| University: | |  | | | ID: | | |  | | | | | |
|  | |  | | |  | | |  | | | | | |
| Program: | |  | | | Email: | | |  | | | | | |
|  | |  | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * What is your Spanish language ability/experience? (Number of semesters of college-level Spanish, other Spanish language training, time spent in a Spanish-speaking country, etc. | |  | | | | | | |
| * Describe relevant past experience and skills. | |  | | | | | | |
|  | |  | | | | | | |
| * Will this fulfill major/minor credits in your field of study? |  | |  | Yes |  |  | No |  |

# HEALTH INFORMATION

The purpose of this form is to help the CEDUCONT to assist you in preparing for your time abroad. While it can be difficult to share health information, timely disclosure allows the Evergreen State College to support your overseas experience effectively. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. The information provided will remain confidential

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * Do you smoke? |  |  | No |  |  | Yes\* |
|  |  |  |  |  |  |  |
| * Do you have any allergies? |  |  | No |  |  | Yes\* |
|  |  |  |  |  |  |  |
| * Do you have any dietary restrictions? |  |  | No |  |  | Yes\* |
|  |  |  |  |  |  |  |
| * Are you currently being treated, or have you been recently treated for an injury, or disease? |  |  | No |  |  | Yes\* |
|  |  |  |  |  |  |  |
| * Are you currently being treated, or have you been recently treated, for a mental health condition (e.g., addiction, |  |  | No |  |  | Yes\* |
| depression, anxiety, eating disorder, or a condition related to loss or grief)? |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| * Are you taking any medications (prescription, over-the-counter)? |  |  | No |  |  | Yes\* |
|  |  |  |  |  |  |  |
| * Do you have any mobility or physical activity restrictions? |  |  | No |  |  | Yes\* |
|  |  |  |  |  |  |  |
| * Do you believe you have a health condition or disability that may require reasonable accommodations? |  |  | No |  |  | Yes\* |
|  |  |  |  |  |  |  |
| * Do you have a hearing or visual loss that may require reasonable accommodations? |  |  | No |  |  | Yes\* |
|  |  |  |  |  |  |  |
| * Is there any additional information that would be helpful for the program to be aware? |  |  | No |  |  | Yes\* |

|  |
| --- |
| * **If yes** to any of these questions, please explain (include any ongoing treatment required while overseas) |
|  |
|  |
|  |

# HOMESTAY PREFERENCES

Indicate any preferences you have regarding the areas below. Keep in mind that we cannot guarantee your preference.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Small children |  |  | Yes |  |  | No |  |  | No preference |
|  |  |  |  |  |  |  |  |  |  |
| People your own age |  |  | Yes |  |  | No |  |  | No preference |
|  |  |  |  |  |  |  |  |  |  |
| Pets |  |  | Yes |  |  | No |  |  | No preference |