



SOUTH TEXAS ENVIRONMENTAL EDUCATION AND RESEARCH PROGRAM (STEER-HARLINGEN)



ENVIRONMENTAL MEDICINE/BORDER HEALTH APPLICATION FOR ELECTIVE

Today's Date

Participant ID (Issued by STEER program)

First Name

Date of Birth

Last Name

Gender: Male Female

Mailing Address

Permanent Address (if different from mailing address)

Home Phone #

E-mail Address

Cell Phone #

Fax Number (if available)

- Ethnic Origin: (Circle one) I - American Indian, M - Mexican American, B - Black American, O - Asian American, P - Puerto Rican, S - Other Hispanic, X - White Caucasian, E - Other Ethnic, F - Foreign Student

The elective is offered on the following dates. Please indicate your first, second, and third choice.

Table with 2 columns and 4 rows of dates for Harlingen, Texas sessions from 2017 to 2018.

The STEER program is offered if there are at least three qualified applicants for each session. Limit 10 students.

Currently enrolled as: MS I, MS II, MS III, MS IV, PA, Public Health, Resident in (specialty), MD/MPH, Other (discipline)

Graduate institution:

Degree: Major: Date of completion:

Undergraduate institution:

Degree: Major: Date of completion:

Name: \_\_\_\_\_

Extracurricular activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organizations, societies: \_\_\_\_\_  
\_\_\_\_\_

Are you a Texas resident?  Yes  No (Texas residency is not required)

Do you speak Spanish?  Yes  No (knowledge of Spanish not required)

Prior related work experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate environmental area(s) of special interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any research skills or experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the type of learning experience you desire from your rotation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about this program? \_\_\_\_\_  
\_\_\_\_\_

Name of faculty advisor/mentor approving the program for you: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date