



# *Duquesne University International Student Health Professions Institute Application Form*

*Summer 2009  
July 12-18, 2009*

## **Personal Information**

Mr.  
 Ms. Name \_\_\_\_\_  
Last (Family Name) First (Given Name) Middle Name

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Citizenship (required) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Where do you currently reside? \_\_\_\_\_  
(Month / Day / Year)

How long have you lived overseas? \_\_\_\_\_

## **Secondary School (High School) Information**

School Name \_\_\_\_\_ Graduation Year \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Counselor's Name \_\_\_\_\_ Counselor's Email \_\_\_\_\_

High School Grade Point Average \_\_\_\_\_ SAT (if available) \_\_\_\_\_ TOEFL (if available) \_\_\_\_\_

I am interested in (or thinking about) majoring in: \_\_\_\_\_

## **Personal Statement**

Please answer the following question on a separate sheet of paper (250 word minimum):

*“Why do you wish to explore a career in the health sciences? How will this career help you help others?”*

## **Letter of Recommendation**

Please submit at least one letter of recommendation from either a teacher or a college counselor.

**Return your application to the following by April 1, 2009:**

Duquesne University  
Office of International Programs  
Health Professions Institute  
601 Duquesne Union, 600 Forbes Avenue  
Pittsburgh, PA 15282, UNITED STATES OF AMERICA

