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

HARLINGEN, TEXAS

___ OCTOBER (Oct 02 – Oct 27, 2017)  ___ FEBRUARY (Feb 05 – Mar 02, 2018)
___ JUNE (June 04 – June 29, 2018)    ___ OCTOBER (Oct 01 – Oct 26, 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: ____________________________
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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 ____________________________

2016 STEER Application updated 03/23/2016 (Gerza)