

Hobbies: _____

Special Talents & Skills: _____

Parents Name(s): _____

Home Phone: () _____ Business Phone: () _____

HEALTH VERIFICATION CERTIFICATE

This is to certify that I, _____, am in _____

health and that I do not have any physical condition that will prevent me from participating in the Southern University Belize Study Abroad Program.

My health problems that may limit participation are as follows:

My participation in this program means that I am free of any physical, medical or mental health concerns that require special considerations:

- Agree
 Disagree

Applicant's Signature

Date

Approved:

Department Chair

Date

College Dean

Date

Study Abroad Director

Date

Please submit your application along with:

- 1) A \$25 non-refundable application fee made payable to: **Southern University Study Abroad Program.**
- 2) A letter of recommendation (character reference).
- 3) A 250 word essay expressing your desire to study abroad and the benefits of doing so.

Completing this application does not guarantee selection. You may or may not be selected for an interview.