

**Wright State University Boonshoft School of Medicine
GLOBAL HEALTH ELECTIVE SPONSOR FORM**

Name of Wright State University Student

Name of International Sponsor Organization

Contact Person

Address of Contact Person

Website/E-mail Address

Name of Facility (where student will be working in host country)

Address

Telephone

FAX

Website/E-mail Address

Name of Professional (who will be supervising student in host country)

Address of Professional

Telephone

FAX

E-mail Address

Name of Housing Contact

Address (where student will be living in host country)

Housing Contact Telephone

FAX

Housing Contact E-mail Address