



Application for Non-GSDM Sponsored Mission Trips

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Cell Phone: _____ BU Email: _____

Are you a citizen of the United States? YES NO If no, where do you hold citizenship? _____

Are other GSDM students going on this trip? YES NO If yes, please list their names: _____

Organization Information

Organization Name: _____ Organization Website: _____

Organization Address: _____ Organization Phone Number: _____

Other Partner Organizations (such as local NGOs): _____

Team Lead Name(s): _____

Team Lead(s) Phone Number(s): _____

Team Lead(s) Email Address(es): _____

Supervising Dentist Name(s): _____

Supervising Dentist(s) Phone Number: _____

Supervising Dentist(s) Email Address(es): _____

Supervising Dentists(s) Licensure State: _____

Trip Logistics

Destination Country(ies): _____ Destination City(ies) or Region(s): _____

Departure Date (from Boston): _____ Return Date (to Boston): _____

Clinic Address: _____

2nd Clinic Address (if more than 1): _____

3rd Clinic Address (if more than 2): _____

Clinic Operation Dates (for each location, if applicable): _____

Services Expected to be Provided: _____

Dental Student(s) Roles: _____

Will this trip be registered with the local or national government of the destination country? YES NO

Housing Address: _____

Housing Phone Number: _____ Housing Email: _____

Additional Information

Please use this section to provide any additional details that would be useful in reviewing your application:

Attestation and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that this application does not guarantee approval for my participation on this trip. Normally, conflicts with scheduled lectures, seminars, and clinical rotations will preclude participation in this proposed mission trip; however, these will be evaluated on a case by case basis. I recognize that additional information beyond what is included on this application will be required throughout the review process, such as health and safety protocols. I understand that it is against GSDM policy to participate in a dental mission without approval by the Office of Global and Population Health and that violation of this policy will lead to academic review.

Signature: _____ Date: _____

If you have any questions or would like to submit an application, please contact the Office of Global and Population Health at gph@bu.edu.