



Global Health Institute
College of Public Health
UNIVERSITY OF GEORGIA

**Graduate Global Health Experiential Learning
Proposal and Approval Form**

GLOB 7760: Graduate Internship

Semester: (circle one) Fall Spring Summer Year: 20_____

Domestic

International

Total number of credits: _____

(1 credit = 50 contact hours)

** The experiential learning minimum is 150 hours. Up to 6 credit hours can be applied to the certificate.**

STUDENT IDENTIFICATION

Name: _____

UGA ID: _____

Semester admitted to the Global Health Certificate: _____

Degree / Concentration: _____

UGA E-mail: _____

Permanent E-mail: _____

Address: _____

Cell Phone Number: _____

Emergency Contact (US): details please

**INTERNSHIP
SITE IDENTIFICATION**

Name of Organization: _____

Type of Organization: Non-profit For-Profit Gov't Hospital Other

Site Street Address (domestic or international):

Name of Supervisor at Internship Site: Dr/Mr/Mrs/Ms

Title of Supervisor at site: _____

Supervisor Qualifications: Degree(s): _____ Licenses/Certs: _____

Supervisor E-mail: _____

Supervisor Phone: _____

Supervisor Fax: _____

If the supervisor changes during the internship, the student must resubmit this proposal with new signatures.

1. Site Description: (e.g. mission, location(s), programs offered, personnel employed, etc.)

2. Learning Objectives: List 5 competencies that you hope to meet during your internship (Refer to page 4). Describe what you hope to be doing in order to fulfill these competencies.

3. Expected outputs or deliverable of the internship:

GLOBAL HEALTH COMPETENCIES

What competencies do you intend to gain or enhance during your project? (check all that apply)

Select a total of 5 competencies: choose at least 2 of 3 on priority list and then the rest from the remaining list of competencies.

	Domains and competencies	Yes/ No	Yes/ No
1.	Collaboration, partnering and communication		Priority
2.	Ethics		Priority
3.	Professional practice		Priority
4.	Global burden of disease		
5.	Globalization of health and health care		
6.	Social and environmental determinants of health		
7.	Capacity strengthening		
8.	Health Equity and social justice		
9.	Program management and evaluation		
10.	Sociocultural and political awareness		
11.	Strategic analysis		

NOTE: If significant changes in the learning objectives or task occur during the internship, they must be submitted in writing to the experiential learning coordinator.

SIGNATURE PAGE

My signature below indicates that I have discussed with the student the internship learning objectives and proposed tasks, and that I agree with the proposed learning objectives, related activities and outputs. The course will be listed as GLOB 7760 (Internship) and credit hour production will be awarded to the faculty of record.

Student Name (PRINT NAME): _____

Student Signature: _____ Date: _____

Site Supervisor (PRINT NAME): _____

Site Supervisor approval: _____ Date: _____
(SIGNATURE or confirming email)

GHI Exp. Learning Coordinator (PRINT NAME): _____

Coordinator approval: _____ Date: _____

Original experiential learning forms will be kept at the Global Health Institute offices:

GLOBAL HEALTH EXPERIENTIAL LEARNING COORDINATOR

100 Foster Road – Wright Hall

University of Georgia, Athens, GA 30602

Phone: 706.542.3528 FAX: 706.583.8922