



**Global Health Institute**  
*College of Public Health*  
**UNIVERSITY OF GEORGIA**

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

**GLOB 8910: Mentored Research**

Semester:            Fall            Spring            Summer            Year: \_\_\_\_\_

Total number of credits: \_\_\_\_\_

*(1 credit = 50 contact hours)*

*\* The experiential learning minimum is 3 credit hrs. Up to 6 credit hrs 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

\_\_\_\_\_

**FACULTY MENTOR  
IDENTIFICATION**

Name of Faculty Mentor: \_\_\_\_\_

Department/College: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Supervisor E-mail: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

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

**RESEARCH PROPOSAL**

**1. Global Health Area:** \_\_\_\_\_

**2. Title of Research Project:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Outputs of Research Projects:** (develop questionnaires, data analysis, publishable paper or abstract submission to a conference, etc.)

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\_\_\_\_\_

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**4. Learning Objectives:** Mark 5 competencies that you hope to meet during your research project in the chart below. Describe how you plan fulfill these competencies.

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### 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.

	<b>Domains and competencies</b>	<b>Yes/ No</b>	<b>Yes/ No</b>
1.	Collaboration, partnering and communication		<b>Priority</b>
2.	Ethics		<b>Priority</b>
3.	Professional practice		<b>Priority</b>
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 8910 (Research) and credit hour production will be awarded to the faculty of record.*

Student Name (PRINT NAME): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Supervisor (PRINT NAME): \_\_\_\_\_

Faculty 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