

Undergraduate Global Health Experiential Learning Proposal and Approval Form

GLOB 3560 Global Health Internship

Semester: (check one)	Fall	Spring	Summer	Year: 20
Using	for minor		Using for c	ertificate
No. of credits: ** The experiential learning weeks. **				
The in	ternship co	urse can be taken	for up to 6 cred	its.
	STUD	ENT IDENTIFIC	ATION	
Name:				
UGA ID:				
Semester admitted to the	e Global Hea	Ith Certificate:		
Degree / Concentration: _				
UGA E-mail:				
Permanent E-mail:				
Address:				
Cell Phone Number:				
Emergency Contact (US): de	etails please			

SITE IDENTIFICATION

Name of Organization: _					
Type of Organization:	Non-profit	For-Profit	Gov't	Hospital	Other
Site Street Address:					
Site Mailing Address:					
Name of Supervisor:					
Title of Supervisor:					
Supervisor Qualifications	s: Degree(s):	Lice	nses/Certs:		·
Supervisor E-mail:					
Supervisor Phone:					·
Supervisor Fax:					
**If the supervisor changes do	uring the internship	, the student must	resubmit this _l	oroposal with nev	v signatures.
1. Site Description (e.g. r project, topic, etc.)	mission of organ	ization, progran	ns offered, ¡	oopulation stu	died in

2. Learning Objectives/Competencies. List 4 global health learning objectives/ competencies (see handout online) that will be gained by the student through this internship. You may want to consult the internship site supervisor in writing this section.

A learning objective/competency is a statement of what students will be able to do when they have completed instruction. A learning objective has three major components:

- 1. A description of what the student will be able to do
- 2. The conditions under which the student will perform the task.
- 3. The criteria for evaluating student performance.

OTE: If significant changes in the learning objectives/competencies or task occur during the ternship, they must be submitted in writing to the experiential learning coordinator.	e
Expected outputs or deliverable of the internship:	

GLOBAL HEALTH COMPETENCIES

What competencies do you intend to gain or enhance during your internship? **Select a total of 4 competencies:** choose at least 2 of 3 marked "priority" and the rest may come from the remaining list of competencies. Please review the description of each competency on the certificate website.

	Domains and competencies	Yes/ No	
I.	Global burden of disease		
II.	Globalization of health and health care		
III.	Social and environmental determinants of health		
IV.	Health Equity and social justice		
V.	Ethics		Priority
VI.	Sociocultural and political awareness		
VII.	Collaboration, partnering and communication		Priority
VIII.	Professional practice		Priority

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

SIGNATURE PAGE

My signature below indicates that I have discussed with the student the learning objectives and proposed tasks, and that I agree with the proposed learning objectives and related activities for this internship. The course will be listed as GLOB 3560 Global Health Internship.

Student:	Date:
Site Supervisor (PRINT NAME):	
Site Supervisor approval:(SIGNATURE)	Date:
GHI Undergraduate Porgram Coordinator:	
Coordinator approval:paula.davisolwell@uga.edu	Date:

Original internship forms (or PDF by email) will be kept at the Global Health Institute offices:

100 Foster Road – Wright Hall – Health Sciences Campus

University of Georgia, Athens, GA 30602

Phone: 706.542.3528 FAX: 706.583.8922

ghcertif@uga.edu