



Global Health Institute

College of Public Health

UNIVERSITY OF GEORGIA

Undergraduate Global Health Experiential Learning Proposal and Approval Form

GLOB 4960

GLOB 4960H

GLOB 4970

GLOB 4970H

Semester: (circle one)

Fall

Spring

Summer

Year: 20_____

Using for minor

Using for certificate

No. of credits: _____ (1 credit = 50 contact hours)

** The experiential learning requirement is 150 hours. **

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

1. **Global Health Area:** _____

2. **Description of Research** (e.g. population studied in project, topic, etc.)

3. Learning Objectives/Competencies. List 4 global health learning objectives/ competencies (see handout online) that will be gained through participating in mentored research with a faculty member affiliated with the Global Health Institute.

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.

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

GLOBAL HEALTH COMPETENCIES

What competencies do you intend to gain or enhance during your project?

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 semester, they must be submitted in writing to the experiential learning coordinator.

FACULTY MENTOR IDENTIFICATION

Name of Research Mentor: _____

Department: _____

Mailing Address: _____

E-mail Research Mentor: _____

Phone Research Mentor: _____

If the research mentor changes during the course of the semester, the student must resubmit the proposal with new signatures.

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. The course will be listed as GLOB 4960/H or 4970/H and credit hour production will be awarded to faculty of record.

Student: _____ Date: _____

Faculty Research Mentor (PRINT NAME): _____

Faculty Research Mentor approval: _____ Date: _____
(SIGNATURE or confirming email)

GHI Undergraduate Program Coordinator: _____

Coordinator approval: _____ Date: _____
paula.davisolwell@uga.edu

Original internship forms 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