**The University of Toledo College of Medicine and Life Sciences’  Global Health Student Form 1: Request for Global Health Experience**

To be completed by students requesting a Global Health elective at an approved Global Health site.[[1]](#footnote-1)

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Rocket Number:R **\_ \_ \_ \_ \_ \_ \_ \_**

UT College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program of Study: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Preferred email and local address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_ \_ \_ - \_ \_ \_ - \_ \_ \_ \_

**Please list your GH location preference in order of importance (e.g., 1 being your first preference and 3 being your last preference).**

|  |  |  |  |
| --- | --- | --- | --- |
|  Global Health elective location: | Please check appropriate box below. | Rotation dates: (\*Refer to UTCOMLS 4th Year Clerkship Dates: <http://www.utoledo.edu/med/md/curriculum/curriculum4/dates.html> ) | Rank departmental rotation specialty in order of preference (e.g., Emergency Medicine, Internal Medicine, Pediatrics)  |
| Rotation | Medical Mission |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

UTCOMLS Faculty Supervisor you are working with[[2]](#footnote-2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Are you travelling with a group? If so, please list the names of your group members. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I wish to participate in an approved Global Health experience and will complete all additional UTCOMLS Global Health Forms and any other documentation the Global Health Program requires.
* I have requested that a Letter of Good Academic Standing from the HSC Registrar[[3]](#footnote-3) be emailed to Deb Krohn, Global Health Program Advisor.
* I give Deb Krohn permission to email all general rotation information to our travel group; therefore, sharing my personal contact information.
* I will attend a mandatory pre-departure orientation affiliated with this elective.
* I have the funding required to participate in this elective.[[4]](#footnote-4)

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

1. If the Global Health Program does not receive this request at least 4 months prior to your desired departure date, your request may be denied. [↑](#footnote-ref-1)
2. If you are requesting an approved international Global Health rotation sponsored by the Global Health Program, your faculty supervisor will be Dr. Kris Brickman unless you are participating in one of our approved, recurring medical missions in which you would list the UTCOMLS’ Medical Mission Faculty Leader. [↑](#footnote-ref-2)
3. Students participating in Global Health electives must request formal Letters of Good Academic Standing from the HSC Registrar. To request your letter, visit the following website: <http://www.utoledo.edu/offices/registrar/forms.html> and select the *Letter Request* form. Please check *Email PDF* under the *Method of Delivery* section and enter both your email address and Deb Krohn’s email address (deborah.krohn@utoledo.edu). To expedite this process, you may drop your signed form off at the HSC Registrar’s Office or scan and email your signed form to HSCregistrar@utoledo.edu. All emails must come from your UT Rockets email address. [↑](#footnote-ref-3)
4. Most rotations cost between $2000-$3000. You are eligible to receive a travel grant from The University of Toledo’s Center for International Studies and Programs (CISP) Office. Please reference the CISP Travel Grant at: <https://www.utoledo.edu/cisp/travelgrant/> for application deadlines or call the CISP Office at 419.530.5268 for additional questions. [↑](#footnote-ref-4)