

Global Health Programs Completion Form

Please return this completed form to Gina Ralph at MERB 229 within 4 weeks of your return to the U.S to receive credit for the elective.

- ___ Pre-Travel Safety/Information Form
- ___ Pre-Travel Authorization Form
- ___ International Site Expectations & Validation Form
- ___ Activities Log
- ___ International Site Coordinator Evaluation Completion
- ___ Post-Travel Evaluation
- ___ Global Health Programs Completion Form

Printed Name Student Signature

Date

Director For Global Medicine Signature

Date