Community Collaborator Statement of Commitment

All student fieldwork funded or otherwise supported by DGHI, as well as fieldwork which will be used to meet the Global Health Experiential Learning requirement, should be developed and designed in collaboration with a community partner.

Students submitting funding applications for self-designed fieldwork projects or students submitting self-designed fieldwork projects for the GH experiential learning credit, should use this form to solicit formal support from the community collaborator. In some cases (such as when a Duke faculty member is the only appropriate on-the-ground contact for the project), a Duke mentor’s letter of recommendation may be used in lieu of this Statement of Commitment form.

Statements may be submitted by mail, email or fax. Students may need to translate this form in order for the Community Collaborator to complete it.

Community Collaborator name: ____________________ Title: ____________________

Organization: __________________________________________

Address: ___________________________ Phone: _____________________________

__________________________________ Email: _____________________________

Student’s Name: _____________________________

Briefly outline the student’s potential project responsibilities:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please comment on the usefulness and relevance of the student’s project or proposed activities to your agency or the host community. __________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please explain how you will support the student (e.g. finding housing, language and cultural issues, weekly meetings, etc.). __________________________________

____________________________________________________________________________________

____________________________________________________________________________________

☐ I agree to support the student and oversee their fieldwork during the duration of this project. Note that 8 weeks or 320 contact hours must be completed for those students using this experience to fulfill the Global Health Certificate requirement.

_________________________________________ Signature (no signature required if emailed)   ___________________________ Date

Mail to: Lysa MacKeen, Lysa.mackeen@duke.edu Last updated 2/10/2014
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