Summer 2018- Experiential Learning Approval

Start of Block: Student Information

Q1     
**2018 Experiential Learning Activity (ELA)**  
**Pre-approval Form**  
   
 Students intending to use their experiential learning activity toward the global health major requirement must receive pre-approval through completing this form.   
  **General Requirements:** **Time Commitment**: complete an eight-week fulltime or 320-hour activity prior to the spring semester of senior year **Location**: international or domestic experiences qualify **Pre-requisite**: complete the global health ethics course requirement before starting the experiential learning activity **Approval**: retroactive approval will *not* be permitted for experiences **Pre-activity**: attend pre-departure workshops during the month of April prior to experiential learning **Post-activity**: attend re-entry retreat in September and complete the post-experience ELA report   
  
 *\*Global health students receiving financial aid may request a waiver of their summer earnings requirement if they have declared the major* ***PRIOR*** *to their participation in an approved experiential learning activity lasting longer than 8 weeks.*    
Please allow up to 2 weeks for pre-approval notification. You may contact gh-education@duke.edu with questions.

Q2 Student Information:

* First Name: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last Name: (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email: (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Graduation Year: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q43 Are you currently a declared global health major?

* Yes (1)
* No (2)

Q3 Completion of an approved global health ethics course is a pre-requisite to experiential learning.   
  
  
Global health ethics course completed:

* GLHLTH 330/PUBPOL 210 Global Health Ethics (1)
* GLHLTH 373S Global Health Service, Research and Ethics (2)
* GLHLTH 341 Ethics of Infectious Disease (3)
* PHIL 281/GLHLTH 241 Global Bioethics (4)
* GLHLTH 390S Global Health & Human Rights (summer course) (5)
* GLHLTH 390S Global Clinical Research Ethics (summer course) (7)
* None, explain: (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q4 What semester did you complete your global health ethics course?

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Q5 Experiential Learning Activity Information   
  
 Please tell us more about the activity you are proposing.

Q6 Type of Experience (select one):

* Student Research Training (SRT) program (1)
* DukeEngage (2)
* Internship (3)
* Faculty-mentored independent project (4)
* Bass Connections (5)

Q8 Geographic Location:

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Q9 Proposed Start Date:

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Q10 Proposed End Date:

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Q12 **What is the scope of your experiential learning activity?** How is the activity related to global health and health disparity? Does your activity address a specific global health challenge? (250 words maximum)

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Q13 **What is the goal of your experiential learning activity?** What are you hoping to accomplish? (250 words maximum)

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Q14 **What is the context of your experiential learning activity?** What will be your work setting, and with which communities, organizations, or individuals will you interact? (250 words maximum)

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Q28 Briefly outline the your potential responsibilities for the experiential learning activity:  
(250 words maximum)

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Q26   
Faculty mentor/ Supervisor responsibilities: Provide oversight and guidance on the experiential learning activity Support student in developing scope and timeline for project If necessary, advise on IRB process and ensure student obtains proper IRB review and approval with support of Assistant Director of Experiential Learning Project supervisors are advised to notify the Assistant Director of Experiential Learning of any issues or concerns and to refer students to other University student support services, as needed (e.g. Counseling and Psychological Services, Disability Services, Office of Research Support, Academic Support Services, etc.)

Q25 Faculty mentor/ Supervisor Information:

* First Name: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last Name: (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email: (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Telephone: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Title: (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Organization/ Department: (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Location: (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Website (if applicable): (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q42 *Students completing a faculty-mentored* ***independent project or internship*** *must ask their supervisors to submit the Partnership and Supervision Agreement before full approval is granted.*

Q15 **How will you work with your mentor/supervisor during the experiential learning activity?** Describe your communication plan and how you will work with your mentor to achieve your goal(s).  (250 words maximum)

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End of Block: Student Information