UNC School of Medicine
Global Health Elective
Student Feedback Form

Information that you provide will be made available for future UNC students to use in planning educational electives in global health and international medicine. It must be completed in order to receive elective credit for your rotation OR funding through the Office of International Activities (Becton-Tannenbaum, Perkins Burke, Medical Alumni Loyalty Fund Global Enrichment Fellowships and International Health Fellowships). Please complete and return to the Office of International Activities (shay.slifko@med.unc.edu or Martha_carlough@med.unc.edu)

I. STUDENT INFORMATION
A. Student Name: James Dunville
B. Email: holton_dunville@med.unc.edu
C. Phone/cell number (optional): 704-609-9633
D. Graduating year from UNC Medical School: 2019
E. Check when you took this elective:

✓ Summer between 1st and 2nd year  
✓ 3rd year  
✓ 4th year  
✓ Other: 
F. What UNC Department and course did you register for this elective through?
G. Faculty advisor:
H. Dates that you completed the elective: June 5-24  
Year: 2016
I. From the list below, select the one choice that best describes your motivation for taking this elective:

✓ interest in global health  
✓ desire to get experience for CV/job opportunities

✓ interest in travel  
✓ family of origin reasons

✓ interest in helping others  
✓ other: 

J. What was the major emphasis of this elective:

✓ medical Spanish and Latino health  
✓ global health research

✓ clinical care in an international setting  
✓ community health/development

✓ Other: __________________________
K. Was this a ✓ group experience or ___ individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: India
B. City: Greater Himalayan region
C. Name of Program or Hospital where you worked: Himalayan Health Exchange (HHE)
D. Website address (if available): www.himalayanhealth.com
E. From the list below, select the choice that best describes how you first learned about this program:

✓ referral from a friend/personal contact  
✓ another student who went there

✓ web site information from: __________________________

✓ other: __________________________
F. Name of program person you worked with and contact information: Ravi Singh  
404-977-9379  info@himalayanhealth.com
G. Costs

Tuition: $3090  
Roundtrip travel: $1,000

Other expenses you incurred, including vaccinations, supplies (please list type and amount):

E-Visa  
Trip gear + Spending money  
Internal Flight  

H. Did this program/hospital have a religious affiliation? ___ YES  ✓ NO
K. What could the OIA have done differently or better to support you in your international elective? 

Excellent job. The only thing I would add is I had a bit of a funding mishap that could have been avoided if I had been notified earlier. Nevertheless, the OIA did a great job making things possible for me.

THANK YOU!!! THIS INFORMATION WILL HELP FUTURE STUDENTS !!!!