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-Tammenbaum, Perkins Burke, Medical Alumni Loyalty Fund Global Enrichment Fellowships and International Health Fellowships). Please complete and return to the Office of International Activities (shaw.slifko@med.unc.edu or Martha.carlough@med.unc.edu)

I. STUDENT INFORMATION
A. Student Name: [Name]
B. Email: [Email]
C. Phone/cell number (optional): [Number]
D. Graduating year from UNC Medical School: [Year]
E. Check when you took this elective:  
   [ ] Summer between 1st and 2nd year  [ ] 3rd year  [ ] 4th year  [ ] Other: [Other]
F. What UNC Department and course did you register for this elective through? [Department]
G. Faculty advisor: [Advisor]
H. Dates that you completed the elective: [Start Date] to [End Date]

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: [Other]
   [X] desire to learn/improve Spanish skills
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: [Other]
K. Was this a group experience or individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: [Country]
B. City: [City]
C. Name of Program or Hospital where you worked: [Program Name]
D. Website address (if available): [Website]
E. From the list below, select the choice that best describes how you first learned about this program:
   [X] referral from a friend/personal contact  [ ] website information from:
   [ ] another student who went there  [ ] other: [Other]
F. Name of program person you worked with and contact information: [Name] [Contact Information]
G. Costs
   [ ] Tuition: [Amount]
   [ ] Roundtrip travel: Covered by OIA
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   [ ] $500 for vaccination
   [ ] $500 for personal expenses while in Mexico
H. Did this program/hospital have a religious affiliation? [ ] Yes [ ] No