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.slijko@med.unc.edu or Martha.carlough@med.unc.edu)*

I. STUDENT INFORMATION
A. Student Name: **Seth Conelagon**  
B. Email: Seth.conelagon@med.unc.edu  
C. Phone/cell number (optional): **917-915-7843**  
D. Graduating year from UNC Medical School: **2016**

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? **MEDICINE, MED 499/APS M 402/21**

G. Faculty advisor: **Mina Hosseini-Pour**

H. Dates that you completed the elective: **2/11/16-3/15/16**  
Year: **2016**

I. From the list below, select the one choice that best describes your motivation for taking this elective:  
- X interest in global health  
- ___ desire to get experience for CV/job opportunities  
- ___ interest in travel  
- ___ family of origin reasons  
- ___ interest in helping others  
- ___ other: ____________________________  
- ___ desire to learn/improve Spanish skills

J. What was the major emphasis of this elective:  
- ___ medical Spanish and Latino health  
- X global health research  
- X clinical care in an international setting  
- ___ community health/development  
- ___ Other: ____________________________

K. Was this a ___ group experience or X individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: **Malawi**

B. City: **Likongwe**

C. Name of Program or Hospital where you worked: **Kamuzu Central Hospital**

D. Website address (if available): **N/A**

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  
- ___ web site information from: ____________________________  
- ___ another student who went there  
- ___ other: ____________________________

F. Name of program person you worked with and contact information: **Mina Hosseini-Pour**

G. Costs  
- Tuition:  
- Roundtrip travel: **$1,290**
- Other expenses you incurred, including vaccinations, supplies (please list type and amount):  
  - Housing **$810**  
  - Medical care provider certification **$150**  
  - Visa **$75**  
  - Travel health insurance **$78**

H. Did this program/hospital have a religious affiliation? **YES**  
- NO