**UNIVERSITY OF MICHIGAN SCHOOL OF NURSING OFFICE OF GLOBAL AFFAIRS 400 N. Ingalls, Suite 3320 Phone: (734)936-2705 Fax: (734)615-9771**

**UMSN-GlobalOutreach@med.umich.edu**

Global Health Concentration (GHC) Intent & Approval Form

 **Student information (please print):**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First & Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UM ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program:

 Expected Graduation (Term/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required Elements:

|  |  |  |
| --- | --- | --- |
|  Courses | Term of Anticipated Enrollment | Term Completed |
| N521 Intro to Global Health: Issues & Challenges (3 credits) |  |  |
| Global Health Elective(3 credits) |  |  |
| Global Field ExperienceOption A: (credit bearing immersion)Where:Faculty:Option B: (non-credit bearing immersion)Where:Organization: |  |  |
| N697: Independent Study(2 credits)Faculty:  |  |  |

|  |
| --- |
| **Global Health Immersion Experience** |
| Goals: | 1.2.3. |
| Potential Immersion Sites and Dates |  |
| Mandatory Pre-travel Session 1 | Date: |
| Mandatory Pre-travel Session 2 | Date: |
| Immersion Experience | Final Site/Dates: |
| Brief summary of experience |  |
| Mandatory Post-travel session | Date: |

**Signatures:**

**Initial intent**

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_

OGA Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_

OGA Faculty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_

 **Post Immersion**

OGA Adviser\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_

 **Final Audit**

Graduate Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_