

**Wright State University Boonshoft School of Medicine  
Global Health Student Initiated Elective**

1. NAME OF STUDENT: \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_

2. TITLE OF ELECTIVE: \_\_\_\_\_

3. DEPARTMENT:

4. DIRECTOR AND FACULTY: *This should be the person who will serve as your on-site supervisor/preceptor at the facility in the country where you will be traveling. Include all the information below related to the on-site supervisor/preceptor.*

**Name:** \_\_\_\_\_

**Professional Training:**

**Current Professional Affiliation:**

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

5. SPECIFIC DATES OF ELECTIVE:

6. SPECIFIC LOCATION(S) OF ELECTIVE:

7. RATIONALE, GOALS, AND RELEVANT PRIOR EXPERIENCE:

8. ELECTIVE DESCRIPTION: *Include in this section a daily schedule of your elective.*

Daily Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

9. CONTENT CATEGORIES:

10. LEARNING METHODS:

a. Learning methods:

b. Reading assignments:

11. EVALUATION:

a. Grade criteria:

b. Preceptor Evaluation Form:

c. International Elective Student Evaluation Form: