

International Clerkship Packet

Name of Participant

Please turn in all required documents to the Global Health Institute (GHI) office, 4270B HSLC, at least eight weeks prior to departure. Keep these checklists (pp. 1-2) to ensure that you have met all requirements. Please note that all UW-System students studying abroad are required to have Cultural Insurance Services International (CISI) insurance. This can be purchased from Betsy Teigland in the GHI office. If you will be applying for financial aid, please include that form with the required documents. It is your responsibility to contact Amy Whitford (262-3060) to make arrangements to receive your financial aid.

Visit the State Department https://travel.state.gov/content/passports/en/alertswarnings.html and CDC www.cdc.gov/travel websites for updates on the country where you will be traveling. If your site is in a country on the State Department Warning List, please contact the Global Health Institute as soon as possible. This requires a special approval process, and the required documents must be submitted at least twelve weeks prior to your anticipated departure. (Please see our website for more information: http://ghi.wisc.edu/international-clerkship/.)

PRE-TRIP CHECKLIST

__Enter required registration info on OASIS (882-937) including "Away" info

__Complete Orientation on Learn@UW

After reviewing CDC & U.S. State Dept. website, submit hard copies of the following to GHI:

Application:

- Approval Form
- Student Agreement Form
- Approval Letter from Site

Travel Forms:

- Contact Information*
- CISI (REQUIRED by the UW-System)*
- Health Self-Assessment
- Statement of Responsibility
- __ Copy of airline itinerary
- Copy of passport photo/signature page
- Financial Aid (optional)

Submit to Learn@UW dropbox:

Self Study Modules**:

- Module 1 (personal statement)
- Module 2 (Geo-journal)
- Module 3 (Travel Policies)
- * Students will receive an Emergency Contact card from the GHI office; a CISI insurance card will be emailed following enrollment. These must be carried throughout the field experience. In addition, nametags showing UW affiliation will be provided and should be worn at all times while working.
 - **For a more detailed description of module requirements, please see the Self Study Guide posted on Learn@UW.



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POST-TRIP CHECKLIST
In order to receive credit for this rotation, you must submit the following Global Health learning portfolio after the elective:
Submit to Global Health Institute:
Clinical evaluation of the student completed by site director (submit original document to the Global Health Institute-recommended to be hand carried back)
Submit to Learn@UW dropbox:
Summary of Activities
Field Journal Self Study Module; select one from modules 4-7** Student's evaluation of the site
Please note that Student Services has a separate Site Evaluation that is required to be submitted on OASIS
**For a more detailed description of module requirements, please see the Self Study Guide posted on Learn®I IW

Student Agreement for UW Extramural Elective Clerkship in International Health

Goals

The UW-Madison Global Health Institute (GHI) is committed to preparing students for participation in international health electives. Goals of international health electives include providing students with opportunities to:

- Actively participate in the health care system of another country
- Develop knowledge and respect for another culture, language and health practices
- Develop awareness of social, economic and political factors in health and disease
- Recognize, accept, and be able to work within the limits of available resources

Guidelines

While most international electives are uneventful, in some cases unforeseen challenges present themselves to students. These include problems related to unfamiliar cultures and languages, political and social instability, crime, infectious diseases, and other health hazards that may not be common in the U.S. To ensure that participants understand the risks involved in study abroad and to maximize the educational value of these experiences, UW-Madison requires that students enrolled in a credit-bearing elective outside the U.S. comply with the following policies, procedures and guidelines. Adherence is the responsibility of the individual student and not the University of Wisconsin-Madison School of Medicine and Public Health. The GHI office at 4270B HSLC is available to assist students with these steps.

- A. Meet with international health programs faculty/staff to discuss educational objectives, review elective guidelines and application process, verify academic eligibility, verify that clinical clerkships in Primary Care, Medicine, Pediatrics, and OB/GYN have been completed, obtain site information, and identify resources for advising and orientation. Students are expected to maintain contact with the GHI office throughout the process of arranging an international health elective.
- B. Gather information concerning any political problems, safety concerns, or health hazards by consulting the US State Department and Centers for Disease Control and Prevention (CDC) websites (see front page of packet), and by consulting the sponsoring site. SMPH travel warning policy does not recommend travel to countries on the U.S. State Department Warning List, but will consider exemptions on a limited basis with at least 4 months lead-time. For the warning list travel policy and exemption form, go to http://ghi.wisc.edu/international-clerkship/.
- C. Submit a letter from the in-country physician supervisor confirming the dates of elective, and including a description of educational activities, on-site supervision, financial obligations and housing arrangements. Obtain elective course approval and complete registration.
- D. Complete the required International Health Elective orientation and the self-directed study modules on Learn@UW.
- E. Obtain medical travel advice and immunizations appropriate for host country.
- F. Investigate visa and other entrance requirements that may be enforced in the host country. Register with the U.S. Embassy on the State Department website prior to departure.
- G. Purchase **UW-System required** Cultural Insurance Services International (CISI) medical/evacuation insurance policy to cover the duration of the elective. This insurance can be purchased in the GHI office.
- H. Designate persons both at the elective site and in the U.S. who may be contacted in the event of an emergency. This includes giving them contact information when traveling outside of the primary elective site.
- I. Adhere to laws of the host country and comply with standards of conduct set by the program site.
- J. Sign and submit the University of Wisconsin System Uniform Statement of Responsibility, Release, and Authorization to participate in study abroad and exchange programs.
- K. Submit an evaluation of student academic performance and grade completed by the site preceptor and a student site evaluation to the GHI office; submit a site evaluation on OASIS.

I nave read and ui	nderstand the above goals and guidelines.		
Student Signature		Date	

University of Wisconsin School of Medicine and Public Health Extramural Elective Clerkship in International Health Approval Form

This form must be submitted at least <u>8 weeks prior</u> to start of an international health elective. <u>Attach a copy of your letter of acceptance from the elective site and the Student Agreement for International Health Electives form.</u> Return to Betsy Teigland, Global Health Institute, 4270B, Health Sciences Learning Center, 750 Highland Ave., Madison, WI 53705.

Student Information	Date Submitted:
Name:	Campus ID #:
Telephone:Email Address:	Graduation Date:
Elective Site Information	
Country:	
City:	
Hospital,Clinic or Organization:	
Department and/or Medical School:	
Physician Supervisor:	
Site Contact Person (if different from supervisor):	
Address:	
Telephone:	FAX:
E-mail (if available)	
Is this country on the State Dept. warning list?	
(Go to:http://travel.state.gov/content/passports/englis	sh/alertswarnings.html)
Course Information	
Dates of Elective:	Credits (1 per week, maximum 8):
Dates of Travel:	
Discipline or Department of Extramural Elective:	
UW faculty advisor(s) for this elective:	
Global Health Institute Associate Director Approv	val (for office use only)
Signature:	Date [.]

Contact Information

Student Information			
Name:			
L	ast	First	MI
Birthdate:	Campus ID #	 	Passport #:
Elective Dates:		_ Country:	
Current Address:			
EMERGENCY CONT	ACTS		
U.S. Contact			
Name:		Relationship:	
Phone: (Cell)	(Home)		(Work)
Address:			
Email:			
			son in the event of an emergency
Elective Site Contac	t		
Organization and Sup	pervisor:		
Address:			
			ax:
_	ct: City and phone numb		n-country embassy/consulate

If you experience difficulties during your elective away do not hesitate to contact the Global Health Institute (608)262-3862. In an emergency, contact the US Embassy and/or CISI (refer to your Emergency Contact and/or CISI card).

Pre- or post- elective travel plans:



UNIVERSITY OF WISCONSIN-MADISON AFFILIATED INTERNATIONAL TRAVEL HEALTH & WELLNESS INFORMATION FORM

This form is to be completed prior to your travel. It is designed to 1) provide you with information about steps you can take to prepare for international travel and 2) help UW-Madison staff members be of maximum assistance during an emergency situation. Mild physical or psychological conditions may become more serious under the stresses of life while abroad. While it is important the program is aware of any medical or emotional conditions, past or current, which might affect you during your travel, the University is not responsible for assuring your medical well-being and safety while abroad. The information provided on this form will be shared only with appropriate persons and does not affect your admission into any program or scheduled travel.

Recommended steps to prepare for international travel:

- 1. Consult with your personal medical and/or mental health provider for pre-travel planning, especially if you have any ongoing conditions. Work with your provider to develop plans in the event any conditions worsen. Make arrangements for any prescription medications, medical supplies, and medical care you will need. A physical examination and clearance by a medical provider may be required by certain countries for entry into the country or to be granted a visa.
- 2. Visit a specialized travel medicine provider and receive required or recommended preventive immunizations and medications (such as malaria prophylaxis or for traveler's diarrhea) for your area of travel. Make these arrangements as quickly as possible once travel is planned as many needed immunizations should be initiated several weeks before travel. In the event a travel health provider is unavailable, participants should seek travel advice from their personal health care provider.
- 3. Have recent dental check-up and address any potential problems.
- 4. Educate yourself about health and safety in your travel destination. Information is available through your program organizer or at http://wwwnc.edc.gov/travel/.
- 5. Be enrolled in Cultural Insurance Services International (CISI) Health Insurance as required by the Board of Regents for University of Wisconsin students studying/traveling abroad under a UW sponsored program. Students should also check with their personal health insurance provider for more information about obtaining needed prescriptions in advance, payment for travel vaccines and medications, and coverage while abroad. More information is available at http://www.bussvc.wisc.edu/risk mgt/study abroad.html.
- 6. **Complete and return the UW-Madison Health Information Form**. The ability of UW-Madison program organizers to assist you in case of an emergency may be compromised if you do not report a medical or mental health condition during the planning process.

If you have any concerns about the specific health and safety risks you may encounter while abroad, contact your program organizers as soon as possible. They will direct you to more specific sources of information about which local support services you can reasonably expect to find while out of the country. Some study abroad sites may not be able to accommodate all reported individual needs or circumstances.

NAME	■		BIRTHDATE	GENDE	R
STUD	ENT ID		E-MAIL		
PROG	GRAM		DATES		
	Do you have a current or past me Severe Allergic Reaction Anxiety Asthma Arthritis High Blood Pressure Bleeding or other blood disease Chronic use of blood thinning medication Depression Diabetes Eating disorder Any other medical condition for which describe.	Severe of headach Gastroin Abnorma Heart pro Weakene System History of Decrease Current pro Seizures Thyroid pro	or disabling es testinal disease al Heart Rhythm oblems ed Immune of kidney stones ed kidney function oregnancy	□ Special direction (gluten-free vegetariare la Exercise of limitations la Visual Imperiore conditions	or movement impairment pairment ntal health
2.	If you have answered yes to any of limitations/restrictions or emerge				
3.	Please list any medications you a	re currently t	aking or will be bring	ing with you during	travel.
4.	Please list any allergies to medici	ne, foods, ins	sects or environment	al materials such as	pollen or latex.
5.	Please indicate what health prepa as appropriate.	ırations you h	ave completed or are	e planning to receive	for your trip
	Travel medicine clinic visit Personal health care provide	· visit	Pres	scription for malaria scription for traveler er preventive medica	's diarrhea
6.	Is there any additional informatio are abroad? (If yes, please explain		ike your program orç	ganizers to be aware	of while you
-	fy that all responses on this form are elevant changes in my health that occ		•		m organizers of
Signat	ture of Participant		<i>L</i>	Date	, 20

Study Abroad Health Insurance Application Cultural Insurance Services International (CISI) Policy # 16 STB009987903/# 16 M2B704802

Participant N	ame:		Middle Initial		_
Email:		First	Middle Initial	Last	
UW School			alth Institute, SMPH		
Date of Birth	·				
Gender:	_MF				
Country of de	estination:			_	
Site name: _ Site phone n	umber:				
Additional cit	ies/towns to b	e visited (ov	rernight)		
Date of Depa	arture:				
Date of Retu	rn:				
In order to enroll	nlease submit tl	nis completed fo	orm along with the current	t nremium	

In order to enroll, please submit this completed form, along with the current premium. Count departure and arrival days (touch down in U.S.) to determine correct premium rate.

The one week rate is for a program of 1-8 days and is \$9.00.

The two week rate is for a program of 9-15 days and is \$17.00.

The three week rate is for a program of 16-22 days and is \$26.00.

For programs of *greater than 22 days please use the monthly rate of \$34.00 times the number of months needed. Weekly rates cannot be applied to programs longer than 22 days.* Please go to the Risk Management office website for information on dependent/spouse coverage, http://www.bussvc.wisc.edu/risk_mgt/international%20health%20insurance.html.

* Payment for entire trip must be made prior to departure. We do not accept cash, credit or debit cards. CHECK OR MONEY ORDER ONLY. Please make checks payable to the <u>UW Board of Regents</u>.

Please submit your application and premium to the Global Health Institute office (4270B HSLC, 750 Highland Ave. 53705). We will need to have your flight itinerary on file in order to enroll you in CISI.

We ask that forms be in our office at least 8 weeks prior to departure.



UNIVERSITY OF WISCONSIN-MADISON

Statement of Responsibility, Release, Authorization and Acknowledgement of Risks to participate in Study Abroad and Exchange Programs

Revised February 2002

I hereby indicate my desire to participate in a study abroad/exchange program in	
, sponsored by the University of Wisconsin-	
Madison during the period of to My participation in this program is completely voluntary.	

If and/or when I am offered and accept a place in the University's program, I:

- 1. assume full legal and financial responsibility for my participation in the program.
- 2. will be responsible for full program costs (whether already paid or not) as stated in the withdrawal and refund schedule if I withdraw (or am required to withdraw) from the program for any reason once the program has commenced, unless otherwise stated in the program refund policy.
- 3. grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the program including authorizing medical treatment on my behalf and at my expense and returning me to the United States at my own expense for medical treatment or in case of an emergency.
- 4. realize that accident and health insurance, as well as insurance for medical evacuation and repatriation, which are applicable inside and outside of the United States is required for my participation in the program. While my fee for the program includes limited accident and health insurance as well as limited insurance for medical evacuation for the duration of the program while I am overseas, I acknowledge that I am ultimately responsible for obtaining insurance sufficient for my needs while overseas and for treatment in the event I return to the US for medical treatment during or after the program. I understand that the University encourages me to have appropriate insurance coverage for the entire time I am abroad.
- 5. agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the University, any sponsoring institution and/or foreign affiliates, as well as program requirements, to insure the best interest, harmony, comfort and welfare of the program.
- 6. accept termination of my participation in the program by the University with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the University, the sponsoring institution and/or foreign affiliates.

- 7. understand that the University reserves the right to make changes to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes.
- 8. agree voluntarily and without reservation to indemnify and hold harmless the University, Board of Regents of the University of Wisconsin System (*Board of Regents*) and their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency, as a result of my participation in the program, including any travel incident thereto.
- 9. understand that, although the university has made every reasonable effort to assure your safety while participating in this study abroad program, there are unavoidable risks in travel and study overseas that may not ordinarily be encountered at home or on campus. Those risks include, but may not be limited to:
 - traveling to and within, and returning from, one or more foreign countries;
 - foreign political, legal, social and economic conditions;
 - different standards of civil defense procedures, design, safety and maintenance of buildings, public places and conveyances;
 - local medical and emergency services;
 - local weather and environmental conditions.

I have read the foregoing entire document and have had the opportunity to ask questions about it. I hereby acknowledge that I understand it. Knowing the risks described, and in consideration of being permitted to participate in the program, I agree, on behalf of my family, heirs and personal representatives, to assume all the risks and responsibilities surrounding my participation in the program.

Participant's Signature	Date	Signature of Parent or Guardian Date (if participant is less than 18 years of age)
Participant's Name (please p	orint)	ID Number

Financial Aid Budget (submit only if requesting additional financial aid)

Student Name:	
Campus ID #:	
Dates of Elective/Global Health Field Experience:	
Country and Site:	
Estimated Budget:	
Airfare and In-country transportation:	
Tuition or Program Fees:	
Housing:	
Required UW-System Medical/Evacuation Insurance (CISI):	
Immunizations:	
Other in-country living expenses:	
TOTAL REQUESTED (up to full amount): • Please return by mail or email at least eight weeks	s prior to your elective to Betsy
Teigland, Global Health Institute, 4270B HSLC, 75 53705.	50 Highland Ave., Madison, WI
 This information will be forwarded to Amy Whitford approved. 	d, once your elective has been
 Students should contact Amy Whitford directly arrangements to receive financial aid. 	(262-3060) to make
For office use only:	
☐ Approved by Global Health Institute Associate	Director
Signature:	Date:
☐ Scanned to Amy Whitford	



2016-2017 UWSMPH Student Clinical Performance Evaluation on Clerkships

Student:	tt:Service:Location:					
Evaluator(s):		Dates of rotation:				
Evaluator role: Cle	rkship Director	☐ Mentor ☐	Resident	Other		
Advanced: High Competent: Cap	erformance of the student in the following the student in the student	0% of students evaluated	ng the anchors descrik	oed below:		
	Advanced	Competent	Needs Improvement	Unacceptable: Needs Attention	Not Evaluated	
	are expected to provide patient care notion of health.	that is compassionate, app	ropriate, and effective for	or the treatment of health p	roblems and	
1. Takes an effective history	Identifies and fully characterizes all patient concerns in an organized fashion. Recognizes and attends to biopsychosocial issues.	Identifies and characterizes most patient concerns in an organized fashion.	Sometimes misses important information. History generally not fully characterized.	Often misses important information. Patient concerns poorly characterized.	Not observed.	
2. Performs appropriate physical exam	Able to efficiently focus exam based on differential diagnosis. Attentive to detail.	Demonstrates correct technique with an organized approach.	Does not always demonstrate correct technique. Not consistently organized.	Disorganized. Frequently not thorough. Misses and/or misinterprets findings.	Not observed.	
3. Generates differential diagnosis	Consistently generates a complete differential diagnosis. Able to demonstrate clinical reasoning.	Consistently generates a complete differential diagnosis.	Cannot consistently generate a complete differential diagnosis.	Poor use of data. Misses primary diagnoses repeatedly.	Not observed	
Generates and manages treatment plan	Independently generates treatment plans and manages patients with minimal oversight.	Contributes to the treatment plan and management of patients.	Does not consistently contribute to treatment plan or management of patients.	Contributes little to the treatment plan and management of patients. May suggest inappropriate treatment options.	Not observed.	
Medical Knowledge: S	Students are expected to demonstrate	knowledge of established	and evolving biomedical	, clinical and social science	es.	
5. Exhibits knowledge of diseases and pathophysiology	Has fund of knowledge that is beyond expected level of training. Applies knowledge to patient care.	Demonstrates expected fund of knowledge for level of training.	Has gaps in basic fund of knowledge.	Fund of knowledge inadequate for patient care.	Not observed.	
Practice-Based Learni assimilation of scientific	ng and Improvement: Students are evidence.	expected to investigate an	d evaluate their patient	care practices by appraisal	and	
6. Demonstrates skills in evidence-based medicine	Routinely accesses primary and review literature. Applies evidence to patient care. Able to judge quality of evidence.	Routinely accesses primary and review literature. Applies evidence to patient care.	Reads only provided literature. Inconsistently applies evidence to patient care.	No evidence of outside research or reading. Unable to access basic databases.	Not observed.	
Systems-Based Practi	ce: Students are expected to demons system resources to provide option		larger context and syste	em of health care and effect	tively call on	
7. Teamwork	Well-integrated with team. Communicates important issues to appropriate team members in a timely fashion.	Respectful of team members. Understands role and communicates effectively with team. Identifies appropriate team member for patient care issues.	Occasional misunderstanding of student role in team. Does not always communicate effectively with team.	Disrespectful to team members. Disrupts team dynamic.	Not observed.	

		Advanced			Competent Needs Improvement				Not Evaluated		
Interpersonal & Cor	mmunicati		Students are expected professionals.	to effe	ctively commu	nicate	and collabo	rate with pat	ients, t	their families a	nd health
Communication v patients and familie	s	Identifies nonverbal cues and hidden patient concerns. Consistently demonstrates empathy.		Consistently identifies and responds to patients' concerns, perspectives and feelings. Uses language effectively, without jargon.		ts'	Sometimes misses patients' concerns and emotional cues. Often uses medical jargon.		ents' misses patients' concerns. Does not recognize		Not observed.
9. Written communi		written rec evidence-	orough and precise ord. Integrates based information sment and plan.	Clear	Thorough are written record ty stated ssment and place	ord.	Incor and poorly of written reco		abser recor	Inaccurate or nt written d.	Not observed.
10. Oral presentation		Assigns pr Organized	ncise but thorough. iority to issues. and polished, with ritten prompts.		Communicat ly and concise mation comple	ly.	Comr disorganize Information clearly pres	not	Misse	Poor entation. es key nation.	Not observed.
			e in each subject beloents and behaviors wh				n the most a	ccurate des	scripto	or.	
Competent: A Needs Improv Unacceptable	vement: C	Opportunity	for improvement								
	Students a		ed to demonstrate a cor	nmitme	nt to carrying	out pro	ofessional re	sponsibilities	s, and t	to be responsiv	ve and
			Competent			eeds oveme	ent		ccepta s Rem	able: nediation	Not Evaluated
RESPECT/COMPASSION FOR OTHERS: Consider how the student shows respect and compassion for others and tolerates differences.		student on for	Nonjudgmental. Responds with empathy and demonstrates balanced treatment of others. Seeks to understand values and belief systems of others.		☐ Needs to improve ability to demonstrate empathy.		☐ Disrespectful of others. Intolerant of others' attitudes or beliefs. Treats people preferentially depending on position.				
RESPONSE TO FEEDBACK: Consider how the student accepts feedback from faculty, staff and peers.		cepts	Accepts feedback without personal offense. Uses feedback to improve performance.		Accepts feedback with resistance or takes feedback too personally.			☐ Denies issues or attempts to blame others.			
ACCOUNTABILITY: Consider whether the student is prepared, can be relied upon to take responsibility for assigned tasks and is punctual.		red, can sibility	Readily assumes responsibility. Dependable. Completes tasks on time and is organized. Punctual.		Has some difficulty		ed. Not lable. culty	Does not accept responsibility. Not dependable. Rarely able to get tasks completed on time. Disorganized. Rarely punctual.			
The following two PUBLIC HEALTH items will not count towards their grade but must be rated by all raters to explore their future viability. If you cannot assess a student on an item, choose one of the last three response categories that tells us why.											
		inced	Competent		Needs provement		cceptable	Canno		Cannot Assess	Cannot Assess
Multi-System Perspective: Recognizing the impact of social, economic and environmental systems on patients' health	enviro influer advan	Iress t of mic and mmental nces to	Spontaneously recognizes impact of social, economic and environmental influences.	R im so ec	ecognizes ipact of icial, conomic and invironmental fluences if ompted.	ever impa socia ecor envii influe ever	Rarely if considers act of al, nomic and ronmental ences, n when npted.	Application my clerkship in not observabl with this student.	able but	□ Not applicable to my clerkship.	☐ I don't know how to assess this.

Community & System Resources: Identifying and utilizing community and system resources	Takes initiative to seek out community and system resources to advance patient care.	Spontaneously recognizes opportunities and asks appropriate questions about available community and system resources.	Recognizes opportunities for using community and system resources if prompted.	Rarely if ever recognizes opportunities to include community and system resources in patient care, even when prompted .	Applicable in my clerkship but not observable with this student.	☐ Not applicable to my clerkship.	☐ I don't know how to assess this.
		-	1	1	!	!	<u>'</u>
Commen	ts Section						
	ent on this student's overly known as the Dear			be included VERBAT	IM in the Medical	Student Perfor	rmance Evaluation
Please comment	t on areas where the s	tudent's performance	will benefit from enh	nanced skill developm	ent These comm	ents will NOT	appear in the
	UDENT ONLY) Attac			arioca skiii acvelopii	ient. These comm	CITE WIII 1401	appear in the
	eds attention in any of nandatory. Attach she		olease check approp	riate area. Please pro	ovide comments o	n each sectior	n checked.
	□ Patient care						
	□ Practice-Based I	_earning and Improve	ment				
	☐ Interpersonal an	d Communication Skil	ls				
	☐ Medical Knowled	lge					
	□ Systems-Based						
	·	Tactice					
	□ Professionalism						
Final Grade	Outstanding)	☐ AB (Excellent)	□ B (Very good)	☐ BC (Grades of BC o	□ C	F	
Grade	(Outstanding)	(Excellent)	(very good)	credit for gradu			.)
I have concerns	about this student's pe	erformance. The Dean	for Students should	review his/her recor	d:Yes _	No	
	this evaluation with the		Tor Stadonic oncara	Troviou me, mer recer	Yes _		
Signature of	of evaluator	Date	Signatu	re of student		Date	
Return to: Betsy Teigland			teigland@	⊉wisc.edu			

Betsy Teigland Global Health Institute 4270B Health Sciences Learning Center 750 Highland Ave. Madison, WI 53705-2221

teigland@wisc.edu 608.262.3862 FAX: 608.262.3237