Name:			PID:	Organization:		
UC San Diego Global Health Program Field Experience Log						
This form is to be used to log hours with Global Health Pre-Approved Field Experience organizations, sites or through participation with a Global Health Special Program. Students can participate in a maximum of 3/2 different field experience opportunities. *Use a separate Field Experience Log for each organization that you participate with.						
 Field Experience Requirements: An opportunity to become knowledgeable about aspects of global health and see global health issues in practice. A minimum of 100 hours. Direct contact with clients or those who directly serve clients. Require meaningful, challenging work from the student while serving the agency's clients and goals. On-site orientation, training, and supervision by a designated person in the agency. Guidelines on logging your time: What counts towards hours: Hours spent on site (not including travel time), orientations and meetings to prep, trainings & outreach						
Beginning Date: End Date:						
	Date	Hours	Activity	Description		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14 15						
16						
17						
18						
19						
20						

Total Hours Completed:	*Attach additional log pages as needed

Name: PID:	Organization:
Global Health Program Field (To Be Completed)	•
Upon completion of Field Experience with each organization: Students are required to provide the Global Health Office with submitting a log and verification (this form or email from superwill be accepted for each student.	· · · · · · · · · · · · · · · · · · ·
Supervisors: Global Health students are required to keep a log to verify the health students are required to keep a log to verify the health students Requirement. At the end of their field experience the signed. Thank you for working with students from the Global	ney will submit the log to you and this page to be
Have supervising faculty or mentor complete this section. Sub or bring to the GHP Office.	mit along with log of hours to ghpadvising@ucsd.edu
Organization:	
Supervisors Name:	Title:
Email:	Phone:
Beginning Date of Field Experience:	End Date:
Hours Completed:	
Short description of activities and responsibilities (use back if	necessary):
I verify that the following student has completed a componen	t of their field experience under my supervision.
X/	
Date	