

Burnap/Lyons Global Health Fellowships

at

Geisel School of Medicine at Dartmouth

Foreign Site Sponsor's Statement

The student indicated below is applying for funding through a BURNAP/LYONS Global Health Fellowship, which supports temporary, full-time work/learning activities. This document is used internally and is not forwarded to any public agencies. Its purpose is to provide a work agreement for our mutual understanding.

I will take _____ into my institution/organization as an unpaid clinical clerk/volunteer to provide 30-40 hours of meaningful experiential work per week from _____ to _____. I will supervise this work as well as this student's independent research/service project so that I can complete a brief evaluation form at the end of the experience.

Supervisor:

Department & Institution:

Address:

Email:

Telephone (as dialed from USA):

My plans for supervising this student's experience:

Supervisor Signature _____ **Date** _____

Please forward your statement to:
Michelle B. Chamley
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Hanover, New Hampshire 03755
Telephone: (603) 650-1572
e-mail: Geisel.Financial.Aid@Dartmouth.edu