

**Mailman School of Public Health
Student Travel Fund: International Internship Program**

The Mailman School of Public Health **Student Travel Fund: International Internship Program** offers a **limited** number of subsidies, funding permitting, for Mailman School of Public Health continuing students enrolled in either a Masters or Doctoral program who accept internships of 8 – 15 weeks that provide substantive experience, are departmentally approved* and offer minimal or no remuneration. **Only internships that take place prior to receiving the degree are eligible for funding.** Students must have accepted an internship offer to apply for the subsidy. **International internships required by specific departmental tracks (e.g. Forced Migration, Global Health) are not eligible for the subsidy.**

Note that internships eligible for funding must provide: services/resources that are sustainable after the intern leaves the internship; have a definable start and finish; be closely mentored and a component of a structured experience (e.g., no independent study); provide basic amenities (e.g., desk, chair, etc) for the intern to complete his/her work.

The Subsidy for an international internship is a maximum of \$2000 (although the typical award in summer 2005 was \$1400) which is issued as a stipend check prior to departure. Once the requisite documentation is completed, it can take **up to three weeks for the stipend check to be available, so plan accordingly.** An Expense Report, including appropriate receipts, must be submitted following the internship to reconcile expenses. Written instructions for completing the Expense Report will be provided to students who accept the subsidy. **Students who are part of the Dominican Academic Exchange Program may not use any portion of the subsidy to cover the administrative fee for the DR Program.**

Student Travel Fund: International Internship Program funding will be considered **secondary**, and all applicants for funding should apply for funding from other sources. **All other funding streams must be exhausted prior to receiving a determination regarding funding from the Student Travel Fund.** Students are eligible for **ONLY ONE** internship subsidy per year (September - August), and the subsidy is not guaranteed.

INSURANCE. You are required to have travel insurance in effect at the time you are traveling. If you are a full-time student who did not waive the health insurance fee, you are covered. If you are a part-time student who elected to pay the health insurance fee, you are covered. (For coverage details, visit www.columbiahealth.info/index.php, click on Insurance, then Benefits.) If you are not covered, you must purchase travel insurance as a condition of receiving a subsidy. Contact Dottie Devlin, International SOS, Scholastic & Individual Sales Dept, Phone: 1.800.523.6586.

Please submit the completed application and required documentation by April 3rd to: Phyllis Hulen, Office of Career Services, 722 West 168 Street, Suite 1029 for summer awards. (Fall and spring stipends are awarded on a rolling basis, so submit the required documentation as soon as possible.) Awardees will be contacted within 2-3 weeks (at the latest) of the submission deadline. **Note that the HIGH SEASON for airfares to Africa and Europe typically begins after 5/29 and to Asia after 5/27.**

Student's Name _____

Degree _____ Department _____ Degree Month/Degree Year _____

Joint Degree (indicate Columbia school) _____

E-mail Address _____ Telephone number _____

Destination City/Country _____

Internship Start and End Dates (qualifying internships must be at least 8 weeks long):

Are you using this internship to fulfill a requirement for an *international internship* in your specific departmental track? Yes _____ No _____

If you are a PopFam student, are you in the Forced Migration Program Yes _____ No _____

If you are a Pop/Fam student or a student from another Mailman department, are you participating in the DR Student Exchange Program? Yes _____ No _____

* Typical employers might be: not for profits, NGO's/PVO's, advocacy organizations, education or research institutions, health/human services and governmental employers, etc.

1. **Internship Host Organization** _____

2. Internship Supervisor (On site)

Name: _____

Title: _____

Mailing Address: _____

Telephone Number: _____

Fax: _____

E-mail Address: _____

3. Stateside Internship Contact Person (i.e. headquarters contact, human resources contact, program director, country director)

Name: _____

Title: _____

Mailing Address: _____

Telephone Number: _____

Fax: _____

E-mail Address: _____

4. Briefly describe the project that you will be working on during the internship.

5. Please attach a 1-page essay detailing how the internship experience is consistent with your short and long-term career goals and your department's learning objectives. (Your departmental coordinator can provide you with a copy of your department's learning objectives.)

6. Please attach a comprehensive statement of at least 1 page that describes how your interest in global health developed, how you sustain the interest and how you plan to contribute to the field of global health in the future.

7. Please describe how your work will be monitored as well as the steps your host has taken to insure consistent, quality mentoring during your experience. (Attach an additional sheet if necessary.)

8. Please list and describe other applications you have made for funding for this internship.

9. If any of these applications were successful, please describe the amount and purpose of the award(s) since the Student Travel Fund will not duplicate the type/amount of other funding.

Note that other funding streams must be exhausted prior to receiving a determination regarding funding from the Student Travel Fund.

10. What financial and logistical support has the sponsoring organization agreed to provide? (stipend, housing, office space and equipment, local transportation, etc.)

11. What arrangements have been made for housing? Note that a stipend check will not be released until you provide details including the type of accommodation (apartment, hostel, dormitory), whether you will be living alone or with others affiliated with your internship host, if the accommodation was secured by your internship host, where the accommodation is located (high security/low security area) and complete contact information (street address, phone, fax, e-mail, etc). Attach an additional sheet if necessary.

12. Does your internship host provide any form of pre-trip orientation regarding safety and security? Does your Internship host provide you with emergency contacts? emergency insurance? If yes, please provide details.

13. What amount of funding are you requesting from the Student Travel Fund: Internships Program? Please attach a detailed budget. \$ _____

DISCLAIMER: Please check off and then certify with your signature and the date:

I am a full-time student who did not waive the Medical Center Student Health Insurance Plan, therefore, I am covered.

OR

I am a part-time student who elected to pay for the Medical Center Student Health Insurance Plan, therefore, I am covered.

OR

I am not covered and, as a condition of receiving a Student Travel Fund subsidy, I will purchase travel insurance prior to receiving my subsidy check.

AND

I consulted the U.S. Department of State's Public Announcements and Travel Warnings (<http://travel.state.gov/travel/warnings.html>) and have weighed the risks involved in such travel. **If the country to which I am traveling is on the State Department Warning List or the Public Announcements, I will request a letter from my practicum/internship host which addresses issues of safety and security at the site and in the vicinity, including mention of the NGO evacuation plan.**

I reviewed the U.S. Department of State's Background Notes (<http://www.state.gov/r/pa/ei/bgn/>) on the country in which the internship is located and have become aware of the current political situation in that location.

___ I consulted the CDC website (www.cdc.gov) to become acquainted with the immunization and other precautions necessary for travel in the region of the internship. Note that the Columbia University Health Center can also provide this information as well as the necessary shots and medications.

___ I attended/will attend the Security Meeting.

___ I will abide by the internship host organization's security regulations at the internship site.

___ I agree to use good personal judgment and exercise caution in any potentially high-risk situations at the internship site.

___ I am aware that there are inherent risks in travel and work in any setting, that the political environment and cultural situations of the internship can differ from those in your country and in the Columbia University environment and that these situations are unpredictable and may become volatile and dangerous, often within a very short period of time.

___ I understand that foreign visitors should avoid situations that have the potential of becoming politically volatile or otherwise dangerous, that there are health risks as well travel risks, including those associated with motor vehicles, poor driving conditions.

___ I conclude that the risks of participation in the internship, if any, are acceptable and are outweighed by a desire to participate in the internship, and that participation in the internship is voluntary and IS NOT required as part of the educational program at Columbia University.

Name _____ Signature _____ Date _____

All applications must be approved/signed by your Department's Academic or Practicum Coordinator. (See below)

If you are participating in the **Dominican Republic Student Exchange Program**, or the **Rakai Program**, you will need two signatures: the signature of the Exchange Program Director or designee (Elvira Gomez – egg2101@columbia.edu) as well as the signature of your Academic Coordinator. If you are a **Sociomedical Sciences** student participating in the **Dominican Republic Student Exchange Program** see the following paragraph as well.

If you are a **Sociomedical Sciences** student, after obtaining the signature of the DR Exchange Program Director or designee, please see your academic advisor. If he/she determines that you need to be referred to the practicum coordinator because you are using the internship to fulfill a practicum requirement, the practicum coordinator will sign-off on the application. If not, your academic advisor should sign-off.

Approval of Director of the Dominican Republic Student Exchange Program or Rakai Program

Name _____ Signature _____

Title _____ Date _____

Departmental Approval by Academic Coordinator or Practicum Coordinator

Name _____ Signature _____

Title _____ Date _____

Required Attachments:

- a. copy of the offer letter from the sponsoring organization, on their letterhead stationery or via e-mail and signed/sent by an appropriate official
- b. job description outlining the responsibilities/expectations of your position
- c. budget for the funding requested from the Student Travel Fund: Internship Program
- d. 1 page essay detailing how the internship experience is consistent with your career goals and your department's learning objectives
- e. 1 page statement **describing how your interest in global health developed, how you sustain the interest and how you plan to contribute to the field of global health in the future.**
- f. signed and dated disclaimer (see previous page and above)
- g. resume

Return this application to the Office of Career Services, 722 West 168th Street, Room 1029, by the deadline indicated on the first page.

Official Use Only _____

Approved ___yes ___no Date _____ Expense Report submitted ___ Date _____

Practicum Coordinator

Biostatistics
Leslie McHale

Environmental Health Sciences
Anne Hutzelmann

Epidemiology
Liliane Zaretsky

Health Policy & Management
Debra Osinsky

Population & Family Health
Lynne Loomis-Price

Sociomedical Sciences
Marita Murrman

Academic Coordinator

Biostatistics
Melissa Begg

Epidemiology
Alan Berkman

Health Policy & Management
Susan Cohen

Population & Family Health
Vaughn Rickert

Department Chair

Biostatistics
Bruce Levin

Environmental Health Sciences
Paul Brandt-Rauf

Epidemiology
Ezra Susser

Health Policy & Management
Sherry Glied

Population & Family Health
John Santelli

Sociomedical Sciences
Richard Parker

SECURITY RESOURCES ON THE WEB

Many online resources offer helpful information about safety and security for faculty members, administrators, and students in programs overseas:

U.S. Department of State Overseas Security Advisory Council

<http://www.ds-osac.org>

U.S. Department of State Travel Warnings and Consular Information Sheets

http://travel.state.gov/travel_warnings.html

Centers for Disease Control and Prevention National Center for Infectious Diseases: Travelers' Health

<http://www.cdc.gov/travel/index.htm>

Canadian Department of Foreign Affairs and International Trade

http://www.voyage.gc.ca/consular_home-en.asp

British Foreign & Commonwealth Office

<http://www.fco.gov.uk>

Australian Department of Foreign Affairs and Trade

<http://www.dfat.gov.au/travel>

