University of North Carolina at Chapel Hill School of Nursing
Verification of Completion of Hours
N 489 Practicum in Nursing: Global Health Experience

Requirement and Verification
Successful completion of the required hours for N 489 is a program requirement and is required for a passing grade. The student should fill out the top portion of this form and have his/her immediate Professional Nurse supervisor/mentor fill out the bottom. The student should be aware that the Student Honor Code is in effect regarding verification (see details of the Honor Code below.) The student is responsible for turning this form in to the Undergraduate Programs Office at the end of his/her experience. The student will not receive a grade in N 489 until this form is on file. Failure to satisfactorily complete the hours for the global health experience may result in a failure of N 489 and Academic Progression Review (see Student Undergraduate Handbook.)

Student Honor Code
The Honor Code states: “It shall be the responsibility of every student at the University of North Carolina at Chapel Hill to obey and support the enforcement of the Honor Code, which prohibits lying, cheating or stealing when these actions involve academic processes or University, student or academic personnel acting in an official capacity.” Examples of a violation of the student Honor Code include “furnishing false information” and “forgery or other misuse of University documents.”

Student Information regarding Global Health Experience
Fill out the information completely:

STUDENT NAME: _________________________________________________________
STUDENT PID #: _________________________________________________________
STUDENT ADDRESS: ______________________________________________________
STUDENT PHONE: _________________________________________________________
COUNTRY OF SERVICE: ______________________ DATES OF SERVICE: _________

NAME OF AGENCY/SPONSORING ORGANIZATION ___________________________
AGENCY/ORGANIZATION ADDRESS: ______________________________________
TYPE OF AGENCY/ORGANIZATION _________________________________________
SUPERVISOR NAME: _____________________________________________________

(Student should not write below this line)

Verification by Professional Nurse supervisor/mentor: Your signature below indicates that the student named above satisfactorily completed 84 hours in a health care delivery setting or community based organization. Please provide your contact information in case further verification is necessary. If you have any questions about this form, please contact Dr. Beverly Foster, at the UNC-CH School of Nursing, Undergraduate Programs Office at 919-966-7511.

Signature: _____________________________________________________________________________________
Date: _________________________________________________________________________________________
Title/Role in Agency: __________________________________________________________________________
Phone Number or Email Address __________________________________________________________________
Comments: ____________________________________________________________________________________

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