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| /var/folders/4c/bqgrs0k15sgdg822mc6wvtr00000gn/T/com.microsoft.Word/WebArchiveCopyPasteTempFiles/EoE8dYepsk_I-jfTTKzrHrihjdRUScE99nof9rmzR3u58PWQH2oBomLlqluMbHydNFD05LRFrQ=w600**STANDARD INTERNATIONAL/LOCAL SPONSORED TRAVEL REPORT** |
| The Office of Global Health Equity requires individuals/groups/organizations to submit a standard summary trip report within 21 days of travel return. Summary report must be submitted electronically to globalhealthequity@msm.edu **A more detailed end-of-project report presentation is expected to the OGHE team no later than (45 days) after return** |
| 1. Background Information:
 |
| Name: Individual/Group/Organization:  |
| Country of Visit:  | Dates of Trip:Departure:  | Return:  |
| Trip Leader/s: | List of participants:  |
|  |
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|  |
| Travel Cost/Budget: | Total: |
|  | Funding Source:  |
| 1. Summary of Key Activities: Summarize the key activities that were undertaken and list accomplishments, next steps
 |
| **Evaluation of Project Impact & Outcomes:** |
| **Partnership development** |  |
| **Research activities** |  |
| **Education/Training activities** |  |
| **Clinical service activities** |  |
| **Curriculum related activities**  |  |
| **Next Steps** |
|  | **Partnership Dev:** **Research Activity:****Education/Training activities:** **Curriculum related activities:**  |

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| 1. Host Country Contact Details
 |
| **Institution** | **Name** | **Phone #** | **Email Add** |
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|  4. Other Information |
| **Please attach any additional information (e.g. photographs, notes, presentation etc.)** |
| Name of Person/s who prepared report:  |
| Phone number:  |
| Email address:  |
| Date of report:  |