

## International Honors Program (IHP)

IHP Health and Community:  
Globalization, Culture, and Care

### **Globalization & Health**

(IPBH3500 / 4 credits / 60 class hours)

#### **Faculty:**

<b>Course Introduction: USA:</b>	John McGladdery
<b>Country Module, India:</b>	Abid Siraj, PhD
<b>Country Module, South Africa:</b>	Emma Backe, PhD
<b>Country Module, Argentina:</b>	Sara Ardila-Gómez, PhD
<b>Comparative Module:</b>	John McGladdery, and Team

#### **Course Description**

*Globalization* is a contested term that means different things to different people, depending on their disciplines, ideologies, and the effects of globalization processes on their daily lives. Despite the common impression that globalization is a product of Euro-American ‘modernity’, many argue that global interconnectedness and transnational flows have long been fostered by international trade, conquest, colonialism, development, migration, exploration and other historical forms of travel. Similarly, while the term ‘globalization’ (sometimes mistaken as a synonym for ‘westernization’) is often understood exclusively in terms of European and North American forces, many scholars point to the ability of individuals and groups outside this geopolitical context to shape our increasingly interconnected world.

The Globalization & Health course will be organized around key overarching themes, featuring relevant topics in each country context. The course will offer a critical analysis of globalization as a set of complex political, economic, cultural, historical, and ecological processes, focusing on how these intersect with issues of health and wellbeing. Together, we will critically evaluate the role of institutions, corporations, and governments as part of the workings of globalization that

exacerbate/ameliorate health inequities, and we will learn how globalization and its effects are perceived by common people in four continents.. We will debate the role of colonialism, the nation state, and ethnocentrism in defining the type of healthcare available in different societies and people's access to resources. Learning will be multi-scalar, ranging from the broad and theoretical to the local and lived experience. You will experience active engagement with local faculty in each country, critical observation at each location, discussions with community organizations and leaders, field visits, lectures from local experts and faculty, collaborative learning, group discussions, and critical reflection. We will contemplate how Globalization occurs as much in people's heads as it occurs in the world out there, reflecting on the extent to which our own perspectives have been shaped by Global discourse.

## **Learning Outcomes**

The *Globalization and Health* course comprises 60 class hours of instruction and field experience (4 credits). Upon completion of the course, students will be able to:

- Compare and contrast classical and contemporary theories of globalization, including economic, political, cultural, and ecological dimensions.
- Evaluate how processes such as neoliberalism, colonialism, postcolonialism, and nation-building shape health systems and health inequities.
- Critically assess how globalization operates both materially (“out there”) and ideationally (“in people’s heads”) in shaping health imaginaries.
- Explain the roles of transnational institutions such as the International Monetary Fund, World Bank, World Health Organization, and World Trade Organization in shaping national health policies and outcomes.
- Assess how structural adjustment, debt regimes, and global trade frameworks influence health access and equity.
- Identify how global governance systems both constrain and enable national and community-level responses to health challenges.
- Examine the concept of hegemony and its relevance to global health policymaking and discourse.
- Demonstrate the ability to identify globalization processes embedded in everyday practices (e.g., food, migration, media, care work, education, mobility).
- Synthesize comparative insights across at least three national contexts.
- Demonstrate intercultural humility when engaging with families, community members, and local experts.
- Reflect critically on one’s own positionality, assumptions, and normative judgments regarding globalization and health.
- Navigate differences respectfully in discussions of inequality, migration, democracy, and rights.
- Assess how globalization contributes to and/or mitigates structural health disparities.

- Evaluate responses from states, civil society, and social movements to health inequalities.
- Articulate the ethical implications of global health interventions and development paradigms.
- Produce analytical writing that integrates theory, field experience, and comparative evidence using APA conventions.
- Communicate complex global–local relationships in formats appropriate to diverse audiences (academic essays, newsletters, presentations, alternative knowledge production).
- Deliver professional comparative synthesis presentations demonstrating collaborative teamwork.
- Compare how globalization manifests differently across India, South Africa, Argentina, and the United States.
- Identify patterns and divergences in how governance, neoliberalism, and social movements influence health systems.
- Articulate how global processes shape both collective wellness and individual lived experience.

## **Materials**

All course readings will be available electronically. Students are responsible for accessing all required materials; electronic materials may be printed at the discretion of the student.

## **Format**

This course is organized into an introduction and four country-based modules that build comparative understanding of Global influence related to different national contexts.. In each module you will have assignments given and graded by the local faculty overseeing that segment of the GH class.

There will be 3 assignments in every country: (1) A notebook in which educational visits are described and Global issues are identified; (2) A 1200 word paper that analyzes a significant issue encountered; (3) a small group (3 or 4 students) assignment that delivers a synthesis presentation that compares what has been learned about a health issue from Global, National and Local perspectives by comparatively relating the issue to the local contexts of countries visited.

## **Course Schedule**

This course is organized into an introduction class and four subsequent modules. See the program calendar distributed at the start of each country program for corresponding dates of class sessions.

**NB: The instructors retain the right to change the syllabus as needed. Given the flexible field program, changes may occur that are beyond their control.**

## USA

### Lectures and Readings

Session	Preparation
<b>GHI</b> <b>Introduction to Globalization &amp; Health</b>	<p><b>Required</b></p> <p>Roberts, A., &amp; Lamp, N. (2021). Six faces of globalization: Who wins, who loses, and why it matters. In <i>Six Faces of Globalization</i>. Harvard University Press.(P3-19)</p> <p><a href="https://www.hup.harvard.edu/file/feeds/PDF/9780674293908_sample.pdf">https://www.hup.harvard.edu/file/feeds/PDF/9780674293908_sample.pdf</a></p> <p>Teachback – pairs and trios explain 1 face each.</p>

## India

### Lectures and Readings

Session	Preparation
<b>GH 2</b> <b>Globalization - Institutions wielding power</b>	<p><b>Required</b></p> <p>Dasgupta. B. (1997). SAP: Issues and Conditionality. <i>Economic and Political Weekly</i>, 17-24, 1091-1104.</p> <p><b>Suggested</b></p> <p>Nayyar, D. (2019). The Future of Globalization: Learning from History. <i>Economics &amp; Political Weekly</i>. LIV(44), 30-37.</p>
<b>GH 3</b> <b>Widening Disparities in Urban and Rural India</b>	<p><b>Required</b></p> <p>Joseph, S. (2007). Neoliberal Reforms and Democracy in India. <i>Economic and Political Weekly</i>, 3213-3218.</p>
<b>GH 4</b> <b>Workshop Discussion: Ideoscapes Shaping Public Health Discourse</b>	<p><b>Required</b></p> <p>Appadurai, A. (1996). <i>Modernity at large: Cultural dimensions of globalization</i> (Vol. 1). U of Minnesota Press. Pp27-47</p> <p>Read Notebooks and be prepared to describe a situation where an ideoscape is influencing Health in India</p>

## South Africa

## Lectures and Readings

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Session	Preparation
<b>GH 5</b> <b>Global and Glocal ideas influencing health system reform</b>	<b>Required:</b> Whyle, E. B., & Olivier, J. (2024). Health system reform and path-dependency: how ideas constrained change in South Africa's national health insurance policy process. <i>Policy Sciences</i> , 57(3), 663-690. <b>Suggested:</b> Hickel, Jason (2021). "The (anti) politics of central banking: Monetary policy, class conflict and the limits of sovereignty in South Africa." <i>Economy and Society</i> 50: 57-77.
<b>GH 6</b> <b>Global health and imaginaries of 'Africa'</b>	<b>Required:</b> Sams, K., Grant, C., Desclaux, A., & Sow, K. (2022). Disease X and Africa How a Scientific Metaphor Entered Popular Imaginaries of the Online Public During the COVID-19 Pandemic. <i>Medicine Anthropology Theory</i> , 9(2), 1-28.
<b>GH 7</b> <b>Workshop Discussion: Recognizing global influences on health in South Africa</b>	<b>Required:</b> Read over notebooks and be prepared to describe instances where you have noticed the influence of globalization related to Health in South Africa.

## Argentina

## Lectures and Readings

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Session	Preparation
<b>GH 8</b> <b>Inequalities in care</b>	<b>Required</b> Faur, E., Pereyra, F. (2019). Caring for children and the elderly in Argentina: A grammar of class and gender inequalities. <i>Women's Studies International Forum</i> , 72, 25-31. <a href="https://doi.org/10.1016/j.wsif.2018.11.004">https://doi.org/10.1016/j.wsif.2018.11.004</a>

	<p><b>Suggested</b> Marmot M. Social justice, epidemiology and health inequalities. <i>Eur J Epidemiol.</i> 2017 Jul;32(7):537-546. doi: 10.1007/s10654-017-0286-3.</p>
<p><b>GH 9</b>  <b>Migration and care</b></p>	<p><b>Required</b> Mallimaci Barral, A.I., Magliano, M.J. (2023). Aging Migration in Argentina: The Passage of Time as an Analytical Dimension. <i>Convergencia</i>, 30, e21497. <a href="https://doi.org/10.29101/crcs.v30i0.21497">https://doi.org/10.29101/crcs.v30i0.21497</a></p> <p><b>Suggested</b> Grosfoguel, R. (2007). The epistemic decolonial turn. <i>Cultural Studies</i>, 21:2-3, 211-223. <a href="http://dx.doi.org/10.1080/09502380601162514">http://dx.doi.org/10.1080/09502380601162514</a></p>
<p><b>GH 10</b>  <b>Justice globalism and social movements</b></p>	<p><b>Required</b> Seca, V. &amp; Stacchiola, O. (2022). ‘Las juventudes’ rising: Argentina’s local, global and innovative youth activism. <i>The Sociological Review Magazine</i>. <a href="https://doi.org/10.51428/tsr.apqy4099">https://doi.org/10.51428/tsr.apqy4099</a></p> <p><b>Suggested</b> Evans, P. (2012). Counter-Hegemonic Globalization. <i>The Wiley-Blackwell Encyclopedia of Globalization</i>. doi:10.1002/9780470670590.wbeog114</p> <p>Sriram V, Essex R, Brophy SA, Kabir F, Scarlett E, Wyatt T. Protest and trainees in the health professions: Exploring the global landscape of recent protest action. <i>Soc Sci Med.</i> 2025 Jul 23;383:118445. doi: 10.1016/j.socscimed.2025.118445</p>

## **Course Readings**

As a general rule, readings and other preparations for class consist of open-source or library accessible documents available online. Students must download these readings on their own. The readings will provide an overview of fundamental Globalization and Health concepts and inform material introduced by local faculty in each country.

## Evaluation

Assignment		Points
4 Countries	Note-taking (5 points per country)	20
1 Country Assigned	Significant Issue Analysis Paper (G&H)	40
3 Country Group Average (individualized)	Comparative Synthesis Presentations (G&H)	40
Total		100

## Grading Scale

Grading Scale					
94-100%	A	Excellent	74-76%	C	Average
90-93%	A-		70-73%	C-	
87-89%	B+		67-69%	D+	
84-86%	B	Above Average	64-66%	D	Below Average
80-83%	B-		below 64 F	Fail	
77-79%	C+				

## Assignments

### Notebook Assignment

You are required to keep a notebook in which you capture significant details that arise in **educational visits** to actual sites. (You are encouraged, not required, to also take note of significant conversations or observations that you encounter outside of the program) In every site it is expected that students will consider issues from Global (G&H) National (PH) and Community (HCC) perspectives.

The Notebooks will not be read from cover-to-cover but will be handed to the Program Director in DC, Cape Town (including India Notebook) and Buenos Aires.

### Rubric

The site of every visit is adequately described. Students absent from the excursion are expected to ask peers to provide what was missed.	2
If present, a significant issue related to G&H/PH and/or HCC is adequately described.	2
All visit facilitators are named	1

<b>Total per Country</b>	5
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## Significant Issue Analysis Papers (SIAP) - 40 Points

Students write **one** essay per country for one of the 3 Health courses on a significant issue raised in an actual experiential encounter. (Countries are allocated by agreement within CSP Teams, ensuring that every team member writes a SAIP for a different course in different countries, ensuring that students writing a G&H SAIP does not present the G&H aspect in the same country. **Students may not write their SAIP paper and present the CSP for the same course in one country.** ie if your G&H SAIP is in India you may not present on the G&H aspect in India as well.

In an essay of 1200 words, select a significant real-world situation you encountered (in your current country) that relates to Health, and explain how Globalization has influenced and/or influences that situation. Describe the encounter and use readings, lectures and your own initiative to analyze it. Segment the essay into sections on: Description of the real world encounter (that raised the issue); Significance of the Encounter (related to Globalization and Health); Analysis of the Significant Issue in context.

You have the option to state that you did not use AI at all, or use AI and provide a statement in which you detail the extent to which it was used. (See example in Canvas) Note: Essays utilizing AI are expected to access and engage with more data and expert opinions than essays that are based on traditional research and analysis.

## Alternative Knowledge Production Option

Students having skill in alternative knowledge production (Creative Writing, Poetry, Art, Dance, Photography, Video ...) may engage with Local Faculty to produce knowledge that essentially achieves the same as the essay option above. This engagement will need to commence within 10 days of arrival in a country to allow sufficient time to set expectations. In the same way as an academic essay will use analysis to have academic impact with academic readers, alternative pieces must have impact on a specified audience. As an excellent academic piece could contribute to changes in Health practice, an alternative knowledge piece will need to do likewise, perhaps through motivating activism that may lead to improved health outcomes for humanity or a specified vulnerable group. Conversations with Local Faculty will need to start early, and a rubric will need to be agreed on. Provision of materials or access to Apps will be at the student's own cost. The final product will need to be copied into electronic format for record purposes and SIT does not accept responsibility for safekeeping. We are excited to receive alternative knowledge production but warn that an IHP experience is intense and this option requires more time than an essay would.

(An example of an SAIP, and a rubric will be emailed to students.)

## Core Learning Outcomes

This assessment aligns primarily with the following outcomes:

1. **Critical Thinking**
2. **Global Systems and Structures**
3. **Experiential Learning**
4. **Intercultural Effectiveness**
5. **Ethical and Social Responsibility**
6. **Academic Communication**

## Comparative Synthesis Project

**40 points (13 team points, (+1 Argentina) over 3 countries and individualized)**

During the final days in each country, your Comparative Synthesis Project (CSP) team will present its findings of the month's work, and fellow students and faculty will have the opportunity to ask you questions and make comments regarding your observations and findings. A different student must present a different section in each country, and 1 student (In groups of 4) provide the Introduction and Conclusion. All students in the team should contribute to all sections, but only 1 student must present a course section. The course grade in each country will be given to all members of the team, but the final composite grade will be decreased or increased by up to 5% on an individual basis in cases where one student consistently exceeds expectations in all presentations and/or 1 student in the team consistently fails to meet expectations.

The CSPs evaluate the content of the learning, not the public speaking skill. Students will be expected to **speak without resort to notes**, using their own words to explain what they have seen and found. The Powerpoint/Slide presentation will be handed in by 4PM the day before the first group presents and a grade will be allocated to it. (Check that the colours are still visible when converting to PDF.

### Note

Presentations should be professional in tone, like a conference paper presentation. They should be divided into sections, with a different person handling each section applicable to a course. Structure for the **India** and **South Africa** CSP presentations are as follows:

1. *Introduction*: State the topic and indicate the structure of the presentation (1 min, 1 point)
2. *Global influences on [Topic]* (8 mins, 6 on country, 2 comparative, 10 points)
3. *How health system/s engage [Topic]* (8 mins, 6 on country, 2 comparative, 10 points)
4. *How communities/cultures engage [Topic]* (8 mins, 6 on country, 2 comparative, 10 points)
5. *Conclusion* Present the most important findings (2min, 2 point,)

Note: The 40 point Grade is as much a reflection of the team's performance in working together as it is a reflection of the presenter's final effort. Prospective Public Health Practitioners must learn to work as a team.

Rubric: Course Content

8/8 and 2/2 Key issues are identified, precisely described and deeply analyzed.

7.25/8 and 1.75/2 Issues are identified, described and analyzed

6.5/8 and 1.5/2 Issues are put forward, not well described and not really analyzed

5.75/8 and 1.25/2 Issues are not relevant to the topic, or its unclear what the issues are and/or the audience gains little insight.

The role of MC (Introduction, Conclusion and Coherence) 1 point each

The Topic, Panelists and their segments are professionally introduced (1)

The Topic, Panelists and their segments are introduced (0.75)

Not all 3 above are done (0.75 to 0.5)

Important points from all 3 levels are summarized. (1)

One level is missing (0.75)

Only 1 level is summarized (0.5)

The 3 speakers complement each other. (1)

One speaker does not complement the others (0.75)

3 speakers present issues unrelated to each other. (0.5)

In **Argentina** students present your Final Synthesis and explain the Methods used:

### **General Presentation Requirements**

You and your group have substantial creative freedom to craft your presentation to best fit your project, as long as your presentation addresses the following:

- *Introduction* that explains the evaluation of the research question and introduces the title and team.
- Global (G&H), National (PH) Community Level (HCC) aspects are covered in equal detail including:

- *findings and discussion of evidence* (reference to human lived experience is an essential requirement – the presentation must be driven by experience then backed up by analysis of context with reference to expert opinions, not vice versa).
- The *contextual elements* which allow you to understand the significance of the local findings and draw conclusions as you compare.
- (*Methodologies used (Argentina presentation ONLY)*).
  - What *ethical issues* were negotiated during the course of the research?
  - Describe *real situations* in which you applied methods and ethics.
  - What were the *limitations* of this learning experience? )
- *Conclusion* that highlights the most critical learning.

### **The Powerpoint/Slides**

- The student who presents is responsible for constructing the slides for their section and for submitting the section to the relevant local faculty/visiting faculty.
- Tables and graphs should be visible from a reasonable distance and pertinent sections highlighted.
- All sources must be referenced **ON THE SLIDE** not in notes that will not be visible when converted to PDF
- Images are encouraged but every one must be appropriate to a professional presentation
- References to readings are required in a bibliography.

### **The Presentation**

- Students must reflect continuously on the ethical implications of their presentations. Only the last presentation contains a Methods and Ethics section, but students should demonstrate awareness of ethics in every situation.
- The presentation as a whole must cohere. Students will need to find consensus on what the most critical issues are, and present them from global, national and community/cultural perspectives.

- The presentations should be visual and innovative presentation techniques are welcome, but time must not be spent on audience participation exercises and entertainment should not come to the detriment of the content.
- Comparative Synthesis Project presentations must demonstrate cultural humility and respect for the point of view and dignity of informants, research participants, and other teachers, whether formal or informal.
- Students may not read off notes, either handwritten or electronic. The goal of the presentation is to share the knowledge gained and explain its significance, and not to read a speech. The slides must be all students need to prompt their explanations.

## Country-specific requirements

### India □

India is the first country where you will have collected information on your topic outside of the United States. You will start to use a comparative frame to create testable generalizations and to understand better the weight of the particular contexts. At the end of the country program your group will present the state of your research project, incorporating your findings. You will start to identify themes, using concepts, models and theories learned during the program.

**25 minutes (+8 min Q&A)**

### South Africa

Towards the end of the South Africa program, your group will present on the main findings thus far. The structure follows the same as above, with the exception that the comparative element will cover the US, India, and South Africa.

**25 minutes (+8 min Q&A)**

### Argentina

In this final group presentation, you will share your findings and analysis with fellow students, faculty, and other members of the learning community. You may use any medium to present your research, so long as all required components are included.

The presentation should include your main insight and research results in Argentina, as you have done before. In this final presentation, more emphasis is placed on comparatives from across the entire semester as a cumulative whole. This presentation should demonstrate your learning path and highlight similarities, variations, or oppositions in certain notions/issues/practices/problems and solutions between countries. It is essential to demonstrate how the overall learning informs your understanding of relevant comparable issues in the United States and of your own position in the world.

1. *Introduction*: State the topic and indicate the structure of the presentation (1 min, 1 point)

2. *Methods and Ethics* (7 mins points allocated to RME Course Grade)
3. *Global influences on [Topic]* (10 mins 6 on country, 6 comparative = 10 points)
4. *How health system/s engage [Topic]* (10 mins 6 on country, 6 comparative = 10 points)
5. *How communities/cultures engage [Topic]* (10 mins 6 on country, 6 comparative = 10 points)
6. *Conclusion* Present the most important findings (1 min, 1 point)
7. (Coherence) 3 topics complement each other (1 point)

*Note: In all presentations have a fellow student provide time warnings. Practice the pace and content beforehand. Overtime will be penalized. A student who exceeds the time-limit by over a minute for the course section will be penalized individually.*

**40 minutes (+8 min Q&A)**

### **Submitting Assignments**

- All work for this course will be handed in electronically via Canvas. Powerpoints are to be converted to PDF. Assignment grades and feedback will also be distributed through Canvas. Assignments are due on the day/time indicated by your professor.
- Students may not use email to submit assignments, per SIT IT Policy. If Canvas access is lost submit only from SIT emails to SIT faculty emails.
- **UPLOAD ALL ASSIGNMENTS AS A MICROSOFT WORD or PDF FILE** to allow for in-document comments. Other formats are not supported.
- All assignments are to be **double spaced** with one-inch margins in 12-point Arial or Times New Roman font (these are most legible for reading).
- The American Psychological Association (APA) referencing and citation style is preferred. When using APA format, follow the author-date method of in-text citation. This means that the author's **last name and the year of publication for the source should appear in the text**, for example, (Jones, 1998), and a complete reference should appear in the reference list at the end of the paper. When including a direct quote in your text, use quotation points and include the page number in your reference, for example, (Hudson, 2025, p.10). If you are referring to an idea from another work but not directly quoting the material, or making reference to an entire book, article or other work, you only have to make reference to the author and year of publication and not the page number in your in-text reference. All sources that are cited in the text must appear in the reference list at the end of the paper. You are at liberty to use AI to ensure that citations are correct.
- For hardcopy assignments, you may be asked to submit the original. **KEEP A DIGITAL COPY OF ALL WORK YOU TURN IN ON YOUR COMPUTER**, so as to avoid unexpected disaster and significant inconvenience for all parties involved; this may mean photographing or scanning

any hardcopy assignments (and keeping a copy in .jpg or .pdf). Make a point of taking pics of your journal/notebook pages every weekend.

## **Expectations and Policies**

### **Participation**

IHP is an experiential learning program. You have to show up to have the experience. As such, participation is a minimum expectation not to be rewarded with class credit. Students are expected to attend all classes, guest lectures, and field activities unless they have a medical excuse that has been communicated and approved by IHP staff or faculty. Keep in mind that IHP has academic requirements to attend class meetings and field activities. Failure to attend classes or field activities means that a student may not be eligible for credit from their universities, or could result in program dismissal.

### **Late Work**

Anticipate and Communicate. Work is to be submitted via Canvas by the stipulated time on the day on which it is due. Assignments submitted past the deadline ***without prior notification / justification to the instructor*** may be penalized one full grade step (for example, from a B to a B-) per day, as per SIT's policy. Due to the nature of the Country Module structure, late work will be difficult to manage - so work hard to be on time. If you are having issues, email the course instructor 24 hours before due time, indicating an estimated day and time of submission. Communication is essential.

### **Technology in the classroom**

Electronic devices are critical tools for learning and communication, but our IHP courses prioritize engaged conversations unhindered by personal electronic devices. Electronic devices are critical tools for learning and communication, but our IHP courses prioritize engaged conversations unhindered by personal electronic devices. Students are responsible to disable WiFi on all electronic devices during lectures and visits. Students seen to engage with media will be barred from bringing their electronic devices to class for the next working day.

### **Workspace Etiquette**

A classroom workspace is usually available before and after class, and at specified times during the day. Students are requested to keep noise down so classmates can work. Music is not appropriate ... use headphones.

### **Class Preparation**

This program is built upon the knowledge that your experiences result in deep insights and powerful learning. Course assignments are created to facilitate learning opportunities and experiences. Dialogue in class about these insights and participation in these activities is critical. For this reason, your participation is very important. As a learning community, each one of us will influence the learning environment. Please take responsibility for your role in this

environment and come to class prepared and ready to engage with others in a positive and thought-provoking manner.

### **Academic Integrity**

Academic dishonesty is the failure to maintain academic integrity. It includes, but is not limited to: obtaining or giving unauthorized aid on an examination; having unauthorized prior knowledge of the content of an examination; doing work for another student; having work done by another person for the student; and plagiarism. Academic dishonesty can result in severe academic penalty, including failure of the course and/or dismissal from the institution/program.

Plagiarism is the presentation of another person's ideas or product as one's own. Examples of plagiarism are: copying verbatim and without attribution all or parts of another's written work; using phrases, charts, figures, illustrations, computer programs, websites without citing the source; paraphrasing ideas, conclusions or research without citing the source; using all or part of a literary plot, poem, film, musical score, computer program, websites or other artistic product without attributing the work to its creator. Direct cut-and pastes from AI are dishonest and will be penalized, however, students are permitted to refer to AI sources to gather more information on a topic BUT first prioritize reference to the sources provided by the program and then use AI to access other aspects they might have missed. AI sources must be acknowledged.

Students can avoid unintentional plagiarism by carefully following accepted scholarly practices. Notes taken for papers and research projects should accurately record sources of material cited, quoted, paraphrased, or summarized, and research or critical papers should acknowledge these sources in footnotes or by use of footnotes.

**Violations of SIT Study Abroad academic integrity policy are handled as violations of the student code of conduct and will result in disciplinary action. Please discuss this with your traveling faculty if you have questions.**

### **SIT Policies and Resources**

Please refer to the [SIT Study Abroad Handbook](#) and the [Policies](#) section of the SIT website for all academic and student affairs policies. Students are accountable for complying with all published policies. Of particular relevance to this course are the policies regarding: academic integrity, Family Educational Rights and Privacy Act (FERPA), research and ethics in field study and internships, late assignments, academic status, academic appeals, diversity and disability, sexual harassment and misconduct, and the student code of conduct.

Please refer to the SIT Study Abroad Handbook and SIT website for information on important resources and services provided through our central administration in Vermont, such as [Library resources and research support](#), [Disability Services](#), [Counseling Services](#), [Title IX information](#), and [Equity, Diversity, and Inclusion](#) resources.