

APPENDIX G

**Northeast Ohio Medical University
Student International Experience**

**STUDENT EVALUATION OF PROGRAM
Return to Global Engagement Office L - 214**

Program Name _____

Program Location _____

Program Dates _____

Program Evaluation (1-very poor to 10-excellent)

Educational Value 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

Cultural Value 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

Organization 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

Safety 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

Comments: _____

Your preparation for the experience (1-not at all to 5-excellent) 1 ----- 2 ----- 3 ----- 4 ----- 5

How could you have been better prepared: _____

Did you receive a scholarship or other financial assistance: _____ Yes _____ No

Source: _____

How did you find out about the experience: _____

Would you recommend this program for other students: ____ Yes ____ No

Why/Why Not: _____

Additional Comments: