

Study Abroad Program Evaluation

This questionnaire serves to help us evaluate the program so that we may make improvements. Please complete it as fully and conscientiously as possible.

Thank you!

Name: (optional) _____

Program, city, and country: _____

Semester and year of program: _____

Your academic major/minor: _____

Class standing: ___ Freshman ___ Sophomore ___ Junior ___ Senior
 ___ Other _____

How did you hear about the study abroad program?

_____ Flyer / poster _____ Newspaper _____ Teacher/advisor
_____ Friend _____ Website _____ Study Abroad Office
Other _____

General Observations

- 1. What were your personal goals for your study abroad experience? Do you feel you accomplished those goals?**

Academics

6. What is your opinion of the courses you took? How were your instructors? Please list the courses and comment on each.

7. Any other comments?

**Thank you for completing the evaluation. We appreciate your input.
Return evaluations to:**

**Study Abroad Office
901 Paradise Creek Street
LLC Building 3, Ground Floor
Moscow, ID 83844-1250**

**OR fax the evaluation to:
(208) 885-2859**