

TROY ABROAD EVALUATION

Please, return this form to:

TroyAbroad, 037 Hawkins Hall, Troy, AL 36082

IF YOU PREFER YOUR RESPONSES TO BE ANONYMOUS, PLEASE DO NOT GIVE US YOUR NAME, STUDENT ID, PERSONAL INFORMATION, AND SIGNATURE.

Last Name	First Name	Middle Name	
Troy ID (SSN for non-Troy participants)	Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street (Permanent address)-include apartment number			
City		State	Zip
Home phone	Day time phone	Cell phone	
Level <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student			
Program Title		Site	
Semester <input type="checkbox"/> SUMMER <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester		Dates (Year)	

Please rate the following statements from 1 to 5 (5=Excellent 4=Very Good 3=Regular 2=Poor 1=Extremely Poor) by checking the number you consider appropriate.

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| A. Program Cost | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B. Residence (Home Stay, Student Dorm, Other) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| C. Meals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| D. Classes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| E. Instructors | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| F. Excursions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| On-Site Program | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| G. Staff from Troy | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| H. Location | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| I. Troy Abroad Office | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

If you have some other comments and observations, please, write them on the back side of this page and return it to the address indicated above. Use extra pages if needed.

Name of Traveler	Traveler's Signature	Date (MM/DD/YYYY)
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