

COLUMBIA UNIVERSITY

COLLEGE OF PHYSICIANS & SURGEONS
OFFICE OF THE ASSOCIATE DEAN
OF STUDENT AFFAIRS

INTERNATIONAL ELECTIVE EVALUATION FORM

(Required for Credit)

In order to evaluate sites/electives and assist other students in searching out interesting and unique experiences, please provide the following information on your elective as completely and candidly as possible.

Your Name:

Dates of Rotation:

Country:

City/Town:

Site (name of institution):

Type (hospital, clinic, bush, etc):

Number of Weeks on Site:

Number of Patients Seen (if applicable):

Diseases Prevalent:

Your Role:

Available Local Accommodations:

Resources Used to Find Accommodations:

Precautions for the Area (Medical, Cultural, Political):

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Travel and Living Expenses:

Did you receive financial support? If so, please list:

Local Contacts:

Positive Aspects of Elective:

Negative Aspects of Elective:

Additional Comments/Feedback: