NAME:__________________________

Summer Activities Questionnaire 2006

What did you do this summer?:
    Community Service Learning, Clinical Experience, International Experience, Health Policy, Research project, Other

Source of Funding:
Location:
    City, State, country:
    Institution:
    Department/ division
    Mentor/ director of program:

Title of program or research project:

Brief Description of Summer Activity:

Evaluation of Mentor
    Excellent, Good, Not as helpful, N/A
    Specific comments:
Did the experience meet your expectations?
    Yes/ No
    Why or why not?

Would you recommend your experience for a future student?:
    Why or Why not?

Most helpful source(s) of ideas/ information for your summer experiences:

Other comments: