EVALUATION OF STUDY AWAY EXPERIENCE

**This form must be completed and returned to Sheba Hall in the Student Affairs Office.**

FULL NAME

PRESENT DATE DATE STUDIED AWAY

NUMBER OF CREDITS REQUESTED FOR STUDY AWAY

NAME AND ADDRESS OF INSTITUTION AT WHICH YOU STUDIED

NAME, TITLE AND ADDRESS OF YOUR IMMEDIATE SUPERVISOR

DESCRIBE WHAT YOU DID (indicating specialty, sub-specialty, or department). WHAT WAS YOUR PROJECT? HOW MUCH TIME DID YOU SPEND IN EACH AREA OF STUDY?

***(over) (2)***

WOULD YOU RECOMMEND THIS PROGRAM TO OTHER DUKE STUDENTS? YES NO

WHY OR WHY NOT?

DID YOU RECEIVE FUNDING TO STUDY AWAY? IF YES, EXPLAIN,

SIGNATURE OF DUKE DEPARTMENT CHAIR UNDER WHOSE AUSPICES YOU STUDIED:

(Chair's Signature) (Date)

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COMMITTEE RESPONSE: (1=Poor; 2=Okay; 3=Great)

(Signature) (Date)

05/20/2015