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## International Experience Evaluation School of Medicine

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In the interest of helping fellow University of California, Irvine medical students, please provide as much detailed information as you can about the international elective you have completed. Thank you!

**Student's name:**

**Date this form completed:**

**Dates of your international experience:**            to

**Local faculty supervisor at the international location:**

**Name:**

**Email address:**

**Institution:**

**Mailing address:**

**Telephone number, starting with country code:**

**Local staff contact person at the international location:**

**Name:**

**Email address:**

**Institution:**

**Mailing address:**

**Telephone number, starting with country code:**

**Brief description of the international experience:**

**Your major activities during the experience: (Please check as many as apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Clinical work                | <input type="checkbox"/> Research                 |
| <input type="checkbox"/> Administration/health policy | <input type="checkbox"/> Other (Please describe.) |

**Please describe how you spent a typical day during the experience:**

**Strengths of this international experience:**

**Areas in which this international experience could be improved:**

**Where did you reside while abroad, and would you recommend it to other students?**

**Overall, would you recommend this international experience to other UCI medical students? Why or why not?**

**Any other comments that may be of help to your fellow medical students?**

**Please complete this online evaluation form within two weeks of completing your international experience. Thank you!**