



# EVALUATION OF PENN MEDICAL STUDENT GLOBAL HEALTH ACTIVITIES

**Instructions:** Penn Med Student is responsible for this form: 1) complete first section, print and present hard copy to mentor, ensure that mentor completes and returns to Registrar, via student, fax or scan/email, as mentor prefers

**Perelman School of Medicine Registrar's Office (UPENN)**

Jordan Medical Education Center  
3400 Civic Center Blvd, Bldg 421  
6th Floor PCAM South Extension  
Philadelphia, PA 19104-5162

Phone: 215-898-4646 | Fax: 215-898-0833 | Email: hweinber@mail.med.upenn.edu

*This section to be completed by Penn Med Student*

**Penn Med Student Name** (Last, First)

MS1  MS2  MS3  MS4

**Global Health Experience Title:**

**Host Organization:**

Activity/Responsibility of Student	Average Daily Hours Devoted to Activity	# of Days Engaged in Activity	Total Hours (days x hours)
1.			
2.			
3.			
4.			
5.			

*To be completed by Mentor/Supervisor: please complete, print, sign & return via fax, mail, or .pdf email attachment*

**Supervisor/Mentor:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Degree \_\_\_\_\_ Title \_\_\_\_\_

**First Day Student Worked with You** (month/day/year): \_\_\_\_\_

**Last Day Student Worked with You** (month/day/year): \_\_\_\_\_

*For each of the **activities listed in the above table**, please evaluate student:*

Activity #	Student Performance (check one)				
	Outstanding	Very Good	Average	Below Average	Poor
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
*Supervisor/Mentor Signature*

\_\_\_\_\_  
*Official Organization Stamp/Seal*