



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