

INTRODUCTION

The evaluation is divided into three parts: **Part I** will be made available in the **Office of International Affairs (OIA)** for reference by students interested in studying overseas. **Part II** will be used by the Office of International Affairs staff and the office of **University Programs**. **Part III** consists of course evaluations that will assist other students in selecting courses overseas. Please complete one for each course taken abroad.

Please be candid; none of your responses on this evaluation will in any way affect your credit transfer. This cover sheet will be removed to ensure your anonymity and placed in your file as proof that you have completed the evaluation. If you need more space, please attach extra sheets.

Name: _____
Gender (circle): Male Female
Host Institution: _____
Sponsoring Institution (circle): NCCU UNC-EP CISS Other: _____ (i.e. Independent, etc.)
School (circle): ARTS/SCIENCES EDUCATION BUSINESS LIBRARY INFORMATION LAW
Major(s): _____
Minor(s)/Certificate: _____
Local Address: _____

Telephone: _____ E-mail address: _____

May we give your phone number to prospective overseas studies applicants? Yes No

May we give your e-mail to prospective overseas studies applicants? Yes No

PART I

Year/Term:

Program Name:

PERSONAL INFORMATION

Gender (circle): Male Female

Major(s): _____

Minor(s)/Certificate: _____

GENERAL INFORMATION

Program Dates: from _____ to _____

Language(s) of Instruction: _____

ACADEMICS AT THE HOST UNIVERSITY

1. Indicate your level of agreement with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
a. I had no difficulty in registering for the courses I wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Program courses (those offered specifically to foreign students) were intellectually and academically challenging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The courses enabled me to gain a better understanding of the host country's culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My language abilities improved as a result of the academic courses I took at the host university.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My language abilities improved as a result of my integration into the host university environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What did you do or could you have done to enhance the quality of your academic performance? _____

3. What did you do or could you have done to enhance the level of your language acquisition (if applicable)? _____

SERVICES AT THE HOST INSTITUTION

1. Was the pre-departure information sent from your host institution/program adequate? Yes No

2. Was the information provided during the on-site orientation appropriate in the following areas:

a. Academics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	b. Health and Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Culture	<input type="checkbox"/> Yes	<input type="checkbox"/> No	d. Logistics (travel, money, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Academic Advising:

a. Was anyone assigned to help you with final course selection and registration on-site? Yes No

1. Name: _____ Title: _____

2. Name: _____ Title: _____

b. Did this advisor(s) have regular office hours? 1. Yes No
2. Yes No

c. How helpful was this advisor(s)? 1. Very Somewhat Not very helpful
2. Very Somewhat Not very helpful

d. How often was this advisor(s) available throughout the semester? 1. Very Somewhat Not often
2. Very Somewhat Not often

e. Comments on your academic advising: _____

4. General Advising (please complete, even if the advisor is the same as above):

a. Was anyone available on-site to assist you with issues such as housing, adjustment, health, etc)? Yes No

1. Name: _____ Title: _____

2. Name: _____ Title: _____

b. Did this advisor(s) have regular office hours?

1. Yes No

2. Yes No

c. How helpful was this advisor(s) in answering non-academic questions? (For example, cultural adjustment, logistical support, etc.)

1. Very Somewhat Not very helpful

2. Very Somewhat Not very helpful

d. How often was this advisor(s) available throughout the semester?

1. Very Somewhat Not often

2. Very Somewhat Not often

Please comment on the role this advisor(s) played and how effective this advisor(s) was: _____

ACCOMMODATIONS

1. Specific:

a. What were your living accommodations? University/Program Private/off-campus Host Family

b. Type of accommodations: Dorm Apartment House

c. How many people lived in your apartment/house or on your floor? _____

d. Were you the only American student? Yes No

e. How long did it take you to commute to and from the university (main campus)? _____

f. Where did you take your meals? _____

If **University/Program** accommodations, state the name of the dorm/house: _____

2. General:

a. What role (if any) did the resident-staff play in assisting you with your accommodations (placement, troubleshooting, etc.)? _____

b. How did your housing situation affect social integration? _____

- c. Did your accommodation positively affect your language acquisition? (*If applicable*) Yes No
- d. Overall, were you satisfied with your accommodation? Yes No
- e. What recommendations would you make concerning housing? _____
- _____
- _____

INTEGRATION/GENERAL COMMENTS

1. What were the best ways of integrating yourself into your host culture? _____
- _____
- _____
- _____
2. Describe any major problems you encountered, how they were resolved, and make recommendations for students who might encounter the same difficulties: _____
- _____
- _____
- _____
3. Please use the rest of this space for any general comments and advice: _____
- _____
- _____
- _____

PROGRAM COST ESTIMATE

Please indicate the costs in the **CURRENCY OF THE COUNTRY IN WHICH YOU STAYED**, estimating total costs per month and for the entire period spent abroad.

1. **General Information:**

Program Name: _____

Name of Foreign Currency: _____

Exchange Rate while abroad (average and any extreme variations): _____

Program Dates: from _____, 200__ to _____, 200__

2. **Living Expenses:**

a. Your living accommodations: University/Program Private/off-campus Host Family

	Circle whichever cost is appropriate	Week/Month	Semester/Year
b. Accommodations cost (if not billed via NCCU/Program):		_____	_____
c. Board (if not billed via NCCU/Program):		_____	_____
d. Transportation to host country/university (airfare, etc.):		_____	_____

3. **Miscellaneous Expenses:**

- 1. School books: _____
- 2. Extra food: _____
- 3. Clothing: _____
- 4. Residential furnishings (i.e. linens, heater, etc.): _____
- 5. Entertainment: _____
- 6. Daily transportation: _____
- 7. Optional travel: _____
- 8. E-mail/computer lab costs: _____
- 9. Health/fitness clubs: _____
- 10. Medical expenses (even those reimbursed): _____
- 11. Other: _____

4. **Total Costs for Week/Month/Semester/Year (circle one):** _____

PART II

ON-CAMPUS PREPARATION FOR STUDY ABROAD

(This information will be used by the Office of International Affairs to evaluate and improve services.)

OFFICE OF INTERNATIONAL AFFAIRS

1. Program Advising:

The role of the Office of International Affairs is to advise students on program choices, explain the overseas academic systems and course loads, and provide students with information and an orientation to prepare them for the study abroad experience.

a. Did the Office of International Affairs provide you with adequate assistance in these areas? Yes No

b. If not, what specific information would you like to have received? _____

2. Application Forms/Procedures:

a. Were you able to access all application materials online? Yes No

b. Were Study Abroad application forms and procedures easy to understand? Yes No

c. If not, what changes would you recommend and why? _____

3. Pre-departure Information from North Carolina Central University:

a. Did you find the written material given to you before you traveled to be useful and sufficient? Yes No

b. Did you find the general orientation to be adequate? Yes No

c. Did you find the site-specific orientation to be adequate? Yes No

d. Did you find the written material given to you at either orientation (cross cultural information, description of embassy services, etc.) to be useful and sufficient? Yes No

e. Comments/suggestions for changes to the written materials or to the orientation programs: _____

FACULTY ADVISING

The role of the faculty contact is to explain how courses taken on the overseas program will affect completion of the students' NCCU'S majors/minors.

a. As a result of conversations with your faculty contact, did you understand how to fulfill your major and minor requirements while abroad? Yes No

b. If not, what specific information would you like to have received? _____

LINGUISTIC PREPARATION

Only for students on direct matriculation programs where English is not the language of instruction.

a. Were your linguistic abilities sufficient for the level of regular courses at your host university? Yes No

b. Name of the last language course taken at NCCU: _____

c. Are you planning to continue taking courses in your host-country language upon your return to NCCU? Yes No

d. If so, in which class(es) do you intend to enroll? _____

**PART III
COURSE EVALUATION**

Major(s): _____ Minor(s)/Certificate: _____

COURSE TITLE:

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(English translation if applicable): _____

COURSE INFORMATION:

Faculty and/or Department offering the course: _____

Professor(s): _____

Institution at which course was taken: _____

Prerequisites/background knowledge required: _____

COURSE FORMAT:

Length of course:

<input type="checkbox"/> Semester	<input type="checkbox"/> Year	<input type="checkbox"/> Other
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Number of students: _____ Number of foreign students: _____

Number of class hours per week: _____ Number of class sessions per week: _____

Level, type, and year of course (for example: 1st year graduate seminar, 3rd year undergraduate lecture):

SUPPLEMENTARY TUTORIALS/LABS:

1. Did you have supplemental tutorials/labs as part of this class? <i>If not</i> , would you suggest adding tutorials? What would be the purpose of the suggested tutorial? (Skip to question 6.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To supplement lecture <input type="checkbox"/> Exam preparation <input type="checkbox"/> Other:
2. Were they mandatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What was their purpose?	<input type="checkbox"/> To supplement lecture <input type="checkbox"/> Exam preparation <input type="checkbox"/> Other:
4. Who taught the tutorials/labs:	
5. Were they organized by <input type="checkbox"/> Program (CIEE, etc.) <input type="checkbox"/> Host University <input type="checkbox"/> NCCU	
6. If the tutorials were organized by NCCU, do you have any suggestions for improvement? _____ _____ _____ _____	

COURSE ASSESSMENT:

Indicate how you were **assessed** for the course (*please include number and length of papers, numbers, type of exam, and whether class participation and attendance were part of the assessment*):

COURSE DESCRIPTION:

Attach a copy of the course syllabus. If a syllabus is not available, please describe the course in detail below (*please include main topics discussed and main texts read*):

PROFESSOR EVALUATION:

1.	Was the professor consistently present in class?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Were lectures well organized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Were lectures stimulating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Was the professor available for office hours or appointments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Did the professor speak clearly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Was the professor receptive to having foreign students in the class?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Did you learn a great deal from this class?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Would you recommend this professor to other students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments on your professor: _____
