



**GLOBAL THESIS EXCHANGE PROGRAMME
EXCHANGE STUDENT EVALUATION FORM
(block letters/capital letters)**

Evaluator's Name:

Host Institution:

Student's Name:

Study Abroad Dates:

5 = Outstanding	4 = Very good	3 = Satisfactory	2 = Marginal	1 = Poor	N/A = Not applicable
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ACADEMIC CHARACTERISTICS:	
Industry and initiative	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A
Able to learn from mistakes	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A
Accepts criticism well	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A
Delegates responsibility effectively	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A
Organized and efficient	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A
Asks Thoughtful questions	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A
Quality of Verbal presentations	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A
Notes are current, clear, incisive	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A
COMMENTS:	

PERSONAL CHARACTERISTICS:	
Works well with others	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A
Interpersonal relations with peers	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A
Emotional Stability and Maturity	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A
Leadership and planning ability	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A
COMMENTS:	

OVERALL STRENGTHS:

OVERALL WEAKNESSES:

SUGGESTIONS FOR IMPROVEMENT:

I have read this evaluation form.

Evaluator's signature

Student's signature

Date:.....