

**SENIOR STUDENT REPORT
SHORT OFF-CAMPUS SUPPLEMENTAL EXPERIENCE
PURDUE UNIVERSITY SCHOOL OF VETERINARY MEDICINE**

To: _____

From: S. K. Salisbury, DVM, Associate Dean for Academic Affairs

Date: _____

This report must be completed and submitted to the Instructor-of-Record (VCS 87700, VCS 88000 VCS 88600) within 5 working days after the completion of a short off-campus supplemental experience to receive a grade.

Student's Name: _____

Off-Campus Block Dates: _____ Block # _____

Name and business address of veterinarian who served as your immediate supervisor during the short off-campus supplemental experience. (The individual will give us an evaluation of your experience).

Dr.: _____

Title: _____

Address: _____

Phone #: (_____) _____

Attach a typed, narrative report of 1 to 2 pages, double-spaced, addressing the following:

- Description of your overall experience
- Undesirable features of your experience
- Desirable features of your experience
- Further comments

The answers to the following questions may be referred to by future students considering a short off-campus supplemental experience at this site.

- | | <u>Circle One</u> | |
|---|-------------------|----|
| 1. Would you recommend this experience to others? | Yes | No |
| 2. Was your mentor(s) easy to talk to? | Yes | No |
| 3. Did mentor take adequate time to discuss procedures, and techniques? | Yes | No |
| 4. Did you have sufficient hands-on experience for your level of knowledge and ability? | Yes | No |
| 5. Did this experience provide you a high-quality educational experience? | Yes | No |
| 6. Did this experience provide you an experience you could not have obtained at Purdue? | Yes | No |
| 7. In general, were you treated as a professional? | Yes | No |
| 8. Was your intellect challenged? | Yes | No |
| 9. Was housing provided? | Yes | No |
| 10. Comments (Use back of form): | | |

It is customary that we hold the information in this evaluation in confidence. However, many future students seeking short off-campus supplemental experiences would desire to benefit from your evaluation. Would you allow us to share your evaluation with other PVM students or non-Purdue clinical year students? (Please circle one.) Yes No

Signed: _____ Date: _____