**FACULTY OF MEDICAL SCIENCES**

UNIVERSITY OF SRI JAYEWARDENEPURA

GANGODAWILA, NUGEGODA

SRI LANKA

Tel : +94 11 2881788 E-mail : deanfms@sjp.ac.lk URL : www.medical.sjp.ac.lk

**ELECTIVE PROGRAMME FEEDBACK FORM**

**Please give us your feedback on your elective experience. Your opinion is vital for us to improve our elective programme for future students.**

Discipline/s of the elective attachment :

From to Duration weeks

Name of the Supervisor/s :

Name of the elective coordinator :

1. How did you **first** learn about our elective programme? (select from the list bellow) :

Referral from a friend/personal contact : Web search :

Student who went there : Other :

1. Please mark (X) in the appropriate column for each item. Feel free to give any other comments.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Satisfactory** | **Unsatisfactory** | **Neutral** | **Any other comments** |
| Achievement of learning objectives |  |  |  |  |  |
| Clinical exposure |  |  |  |  |  |
| Supervision by the clinical teachers |  |  |  |  |  |
| Assistance by the elective coordinator |  |  |  |  |  |
| Support of the Sri Lankan students |  |  |  |  |  |

1. What did you enjoy most during your,

**Elective attachment/s**

**Stay in Sri Lanka**

1. What were the difficulties/problems faced during your,

**Elective attachment/s**

**Stay in Sri Lanka**

1. In your opinion, what changes could improve our elective programme?

1. Would you recommended this elective to other medical students? YES/NO
2. Please feel free to add any other comments in the space provided bellow.

1. We would like to publish comments made by you in our elective page. It will contain your name, country and photo. We will send you the content to you via email before adding to web. Please state your consent by marking the appropriate box.

I give my consent

I do not wish

(We assure that we will not publish any information given here without your consent.)

**« THANK YOU VERY MUCH FOR YOUR CORPORATION »**



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