

COLUMBIA UNIVERSITY
COLLEGE OF PHYSICIANS & SURGEONS

OFFICE OF THE SENIOR ASSOCIATE DEAN
OF STUDENT AFFAIRS

Student Evaluation Form For Fourth Year Electives

Elective Name/Code: _____ Month & Year: _____

Site: _____ Course Director: _____

Please use the following response scale:

1 = Strongly Agree 2 = Agree 3 = Disagree 4 = Strongly Disagree 5 = No Opinion

1. Overall the elective was a stimulating and positive experience _____
Please explain:

2. I would recommend this elective to other students _____
Please explain:

3. What do you perceive as the major strengths of this elective?

4. What do you perceive as the major weaknesses of this elective?

