**EVALUATION FORM**

**ERNICA Clinical Exchange Program**

Name and institution of applicant:

Center that was visited:

Dates of visit:

Information for application process:

very satisfied/satisfied/somewhat satisfied/not satisfied

Arrangements with the center before arrival and during stay:

very satisfied/satisfied/somewhat satisfied/not satisfied

Overall academic impression:

very satisfied/satisfied/somewhat satisfied/not satisfied

Short report on your stay:

Your view how to improve the Clinical Exchange Program: