



College of Extended Learning  
Short-Term Study Abroad

## FACULTY EVALUATION

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Study Abroad Program: \_\_\_\_\_

Course # \_\_\_\_\_ Instructor: \_\_\_\_\_

Term/Dates: \_\_\_\_\_

Program Strengths:

Program Weaknesses:

Program Recommendations:

Do you have any suggestions on how to improve the Short-Term Study Policies and/or Procedures?